

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0106668 AV

DOCUMENT # P02000102843

1. Entity Name  
RAWLAN CORP.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 24 PM 2:48

Principal Place of Business  
10823 TAMiami TRAIL-NORTH  
SUITE #6  
NAPLES FL-34108

Mailing Address  
10823 TAMiami TRAIL-NORTH  
SUITE #6  
NAPLES FL 34108



2. Principal Place of Business

10823 N. Tamiami

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL.

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip 34108

Country USA

Zip 9

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMTAHAL, RAWLE  
6001 HOLLOW DRIVE  
NAPLES-FL FL 34108

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

600023313166

09/24/03--01079--012 \*\*150.00

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME RAMTAHAL, RAWLE  
STREET ADDRESS 6001 HOLLOW DR.  
CITY-ST-ZIP NAPLES FL 34112 ☐ Delete

TITLE V  
NAME RAMTAHAL, SHERRY  
STREET ADDRESS 6001 HOLLOW DR.  
CITY-ST-ZIP NAPLES FL 34112 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAWLE RAMTAHAL

8/5/03

239-593-7778

Date

Daytime Phone #

CR2E034 (4/03)