


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVAL
AND
FILED

1/2

05 MAY 31 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000094901	
1. Entity Name RA STEPHENS INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2308 Cold Finch Pl	3. Mailing Address 1515 Ridge Wood Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State St Augustine FL	City & State Holly Hill FL
ZIP 32084	Country Volusia

REINSTATEMENT

04-05

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Joe Zoguidice	
Street Address (P.O. Box Number is Not Acceptable) 1515 Ridge Wood Ave Ste A	
City Holly Hill	FL 32117

4. FEI Number 20-0072936	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 **Joe Zoguidice** 4/14/05
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 Rudy Stephens	TITLE	
STREET ADDRESS 2308 Cold Finch Pl	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP St Augustine FL 32084	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	700056148737
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	06/14/05--01030--017 **300.00
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	DO NOT WRITE IN THIS SPACE
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05 (386) 304-1000

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Florida Department of State
Attn: (UBR 2005)
P O Box 6327
Tallahassee, FL 32314-6327

May 11, 2005

Dear Sir or Madam:

As per our conversation 05/05/05 with your office, this letter is to inform your office that

We never received report for the 2005 uniform business report. We sent in a letter changing our

mailing address when the office moved. Our office spoke with a

supervisor this person advised me to let your office know of the correct address.

Your office also said all penalty fees would be waved due to the problems our company had with the mailing address.

Furthermore due to the hurricanes we were put behind in any processing of mail and bill paying.

Please make the Correct changes to my records and file my corporation UBR from for 2005.

Thank you for your time in concerning this matter.

Sincerely,

R A STEPHENS INC
2308 GOLD FINCH PLACE
ST AUGUSTINE FL 32084