

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

FILED
Apr 14, 2005 08:00 AM
Secretary of State

ATX1

DOCUMENT # P03000149625	
1. Entity Name	
RAYMOND SAVONA, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6274 GRAPEWOOD ROAD Suite, Apt. #, etc.		3. Mailing Address 6274 GRAPEWOOD ROAD Suite, Apt. #, etc.	
City & State SPRING HILL, FL		City & State SPRING HILL, FL	
Zip 34609-1128	Country USA	Zip 34609-1128	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0460805		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name RAYMOND F. SAVONA		
	Street Address (P.O. Box Number is Not Acceptable) 6274 GRAPEWOOD ROAD		
	City SPRING HILL	FL	Zip Code 34613

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 *X Raymond Savona* **RAYMOND F. SAVONA, PRESIDENT** *X 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RAYMOND F. SAVONA 6274 GRAPEWOOD ROAD SPRING HILL, FL 34609-1128	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UUUUUU305994 04/14/05-80106-023 150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *X Raymond Savona* **PRESIDENT** *X 4/14/05* (352) 666-0616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #