

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

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90046 047 ***150.00

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

DO NOT WRITE IN THIS SPACE

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

40103163

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 34609	

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 Raymond F. Savona **RAYMOND F. SAVONA, PRESIDENT** 3/27/07
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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR RAYMOND F. SAVONA 6274 GRAPEWOOD ROAD SPRING HILL, FL 34609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(l), 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: Raymond F. Savona **RAYMOND F. SAVONA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07 352
Date **Daytime Phone #**