

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG -8 PM 4:05

DOCUMENT # P04000092634

1. Entity Name

Rach Holdings Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4125 S.W. MARTIN HWY.

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

Suite # 5

Suite, Apt. #, etc.

(SAME)

City & State

PAUM CITY

City & State

PAUM CITY

Zip

34990

Country

USA

Zip

34990

Country

USA

4. FEI Number

20-1266909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

O. F. WOISE

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

4125 S.W. MARTIN HIGHWAY

PAUM CITY

City

PAUM CITY

FL

34990

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: SECRET / TREASURER
NAME: O. F. WOISE
STREET ADDRESS: 4125 S.W. MARTIN HWY.
CITY - ST - ZIP: PAUM CITY, FLA 34990

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

300058695053
08/17/05--01041--018 **550.00

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CITY - ST - ZIP:

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

August 8/05 772-285-5481

CR2E034B (12/01)