2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   **P92000011884**

1. Entity Name

RAGLAND-WHITTIER CORPORATION

Principal Place of Business	Mailing Address
9331 W ADAMO DR	9260 BAY PLAZA BLVD.
# 200	#501
TAMPA FL 33619	TAMPA FL 33619
US	US

2. Principal Place of Business	3. Mailing Address 9331 W. Adamo DR		
Suite, Apt. #, etc.	Suite, Apt. #, etc. 200		
City & State	City & State Tampa	**4.** FEI Number 59-3154924	Applied For / Not Applicable
Zip	Country	Zip 33619	Country USA ~~Hillsboro~~	**5.** Certificate of Status Desired ☐	$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
	Name
LEWIS JR, JAMES W	Street Address (P.O. Box Number is Not Acceptable)
9331 W ADAMO DR	
#200	
TAMPA FL 33619	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.

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) ☐	**FILE NOW!!! FEE IS $150.00** After May 1, 2002 Fee will be $550.00 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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**D** **LEWIS, JAMES W** **9331 W ADAMO DR #200** **TAMPA FL 33619**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**D** **LEWIS, BETH C** **9331 W ADAMO DR #200** **TAMPA FL 33619**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   1/29/02   813-621-8199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #