

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 91000 024 \*\*\*150.00

DOCUMENT # P9400000 7272

1. Entity Name

Rausch Corporation

**DO NOT WRITE IN THIS SPACE**

**90119177**

2. Principal Place of Business

1633 Indian River Dr

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sebastian FL

City & State

4. FEI Number

65-0467263

Applied For

Not Applicable

Zip

32958

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

William J. Rausch

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

1633 Indian River Dr

City

Sebastian

**FL**

Zip Code

32958

**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 reissuing)

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 Director  
NAME William J. Rausch  
STREET ADDRESS 1633 Indian River Dr  
CITY-ST-ZIP Sebastian FL 32958

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Director  
NAME Joni K. Rausch  
STREET ADDRESS 1633 Indian River Dr.  
CITY-ST-ZIP Sebastian FL 32958

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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: Joni Rausch JONI RAUSCH VICE PRES 7-28-03 772-589-8251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)