

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

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90904 021 ***150.00

DOCUMENT # *P94000027108*

1. Entity Name

Robert Raines Jr P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Robert Raines
Suite, Apt. #, etc.
2309 Chantilly Ave

Robert Raines
Suite, Apt. #, etc.
2309 Chantilly Ave

City & State
Winter park FL

City & State
Winter park FL

Zip
32789

Country
USA

Zip
32789

Country
USA

4. FEI Number

59-3234700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Robert Raines Jr

Street Address (P.O. Box Number is Not Acceptable)
2309 Chantilly Ave

City
Winter park

FL

Zip Code
32789

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Robert Raines Jr
2309 Chantilly Ave
Winter park FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Dawn Raines
2309 Chantilly Ave
Winter park FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Robert Raines Sr
2309 Chantilly Ave
Winter park, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
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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

Robert Raines Jr

5/22/02

707-448-0587

Date

Daytime Phone #

CR2E034B (12/01)