

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90302 021 ***150.00

DOCUMENT # P94000030674

1. Entity Name
JOSEPH RAISSI & COMPANY, INC.

Principal Place of Business

Mailing Address

**6740 CROSSWINDS DRIVE N.
#A
ST. PETERSBURG FL 33710
US**

**P.O. BOX 8108
SEMINOLE FL 34646-8108
US**

2. Principal Place of Business

6500 Central Ave

3. Mailing Address

P.O. Box 8108

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. Petersburg, FL

City & State

Seminole FL

Zip

33707

Country

Pinellas

Zip

33775-8108

Country

Pinellas

4. FEI Number

59-3236059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHNELL, RONALD H
3535 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name

JOSEPH RAISSI

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

6500 Central Ave

City

ST. Petersburg

FL

Zip Code

33707

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 ~~JOSEPH RAISSI~~ **JOSEPH RAISSI President**

(NOTE: Registered Agent signature required when reinstating)

DATE

4.26.01

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, 2001 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

TITLE ☐ Delete
NAME **PC**
STREET ADDRESS **RAISSI, JOSEPH**
CITY-ST-ZIP **7651 128TH STREET NORTH
SEMINOLE FL**

TITLE ☐ Delete
NAME **VS**
STREET ADDRESS **BAYLESS-RAISSI, CONNIE**
CITY-ST-ZIP **7651 128TH STREET NORTH
SEMINOLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **✓ Alexis C. Raissi**
STREET ADDRESS **7651 128th Street N.**
CITY-ST-ZIP **Seminole, FL 33776**

TITLE ☐ Change ☒ Addition
NAME **✓ Victoria E. Raissi**
STREET ADDRESS **7651 128th Street N.**
CITY-ST-ZIP **Seminole, FL 33776**

TITLE ☐ Change ☒ Addition
NAME **✓ Juliette I. Raissi**
STREET ADDRESS **7651 128th Street N.**
CITY-ST-ZIP **Seminole, FL 33776**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSEPH RAISSI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04.26.01 (727) 384-9500

CR2E034 (10/00)