

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90097 046 \*\*\*150.00

**DOCUMENT # P94000045678**

1. Entity Name  
**R.A.V. SUPPLY, INC.**

Principal Place of Business

**1015 NW 17TH AVE  
 DELRAY BEACH FL 33445  
 US**

Mailing Address

**1015 NW 17TH AVE  
 DELRAY BEACH FL 33445  
 US**

2. Principal Place of Business

**3031 Cormorant Rd**

Suite, Apt. #, etc.

3. Mailing Address

**3031 Cormorant Rd**

Suite, Apt. #, etc.

City & State

**Delray Beach, FL**

City & State

**DeLray Beach, FL**

4. FEI Number

**65-0563446**

Applied For

Not Applicable

Zip

**33444**

Country

**USA**

Zip

**33444**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN VALKENBURG, REX A  
 3031 CORMORANT RD  
 DELRAY BEACH FL 33444**

Name

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

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 its if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/2/02**

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  
**DP  
 VAN VALKENBURG, REX A  
 1015 NW 17 AVE  
 DELRAY BEACH FL 33445** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DST  
 VAN VALKENBURG, KATHY J  
 1015 NW 17 AVE  
 DELRAY BEACH FL 33445** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 STREET ADDRESS  
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☐ Delete

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

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

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**561-441-0808**

CR2E034 (9/01)