

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90192 007 ***150.00

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DOCUMENT # P94000045678

1. Entity Name

R.A.V. SUPPLY, INC.



Principal Place of Business

**3031 COROMORANT RD
DELRAY BEACH FL 33444
US**

Mailing Address

**3031 COROMORANT RD
DELRAY BEACH FL 33444
US**

11015194



2. Principal Place of Business

925 Banyan Drive

3. Mailing Address

925 Banyan Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Delray Beach, FL

City & State

Delray Beach, FL

4. FEI Number

65-0563446

Applied For

Not Applicable

Zip

33483

Country

USA

Zip

33483

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

Address Only Change

7. Name and Address of New Registered Agent

Name

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

925 BANYAN DRIVE

City

DELRAY BEACH

FL

Zip Code

33483

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	VAN VALKENBURG, REX A	
STREET ADDRESS	1015 NW 17 AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	DST	<input type="checkbox"/> Delete
NAME	VAN VALKENBURG, KATHY J	
STREET ADDRESS	1015 NW 17 AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	New Address <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	925 Banyan Drive
CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	New Address <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	925 Banyan Drive
CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 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

4-22-03

Date

561-441-0808

Daytime Phone #

CR2E034 (10/02)