2002 Uniform Business Report (UBR)

SIGNATURE: 🚅

FILED Mar 26, 2002 8:00 am Secretary of State P94000093231 **DOCUMENT #** 1. Entity Name RAIZOR REALTY, INC. 03-26-2002 90005 009 ***150.00 Principal Place of Business Mailing Address 12007 CYPRESS RUN RD. 717 EAST OAK STREET ORLANDO FL 32836 KISSIMMEE FL 34744 2. Principal Place of Business 3. Mailing Address 2548 TRYON PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3284388 WINDERMERE ह्य. Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34786 USA Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name SWART, HARRY J CPA Street Address (P.O. Box Number is Not Acceptable) 717 EAST OAK STREET KISSIMMEE FL 34744 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition RAIZOR, DAVID NAME NAME 2548 TRYON PLACE STREET ADDRESS STREET ADDRESS WINDERMERE FL 34786 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete~ TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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