

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020817

1. Entity Name

R.A.C. SERVICES, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90048 012 ***150.00

Principal Place of Business

Mailing Address

12973 CALAIS CIRCLE
PALM BEACH GARDENS FL 33410

12973 CALAIS CIRCLE
PALM BEACH GARDENS FL 33455-8267

2. Principal Place of Business

3. Mailing Address

7896 SE PAUROTIS LN

7896 SE PAUROTIS LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HOBBS SOUND

HOBBS SOUND

City & State

City & State

HOBBS SOUND, FL.

HOBBS SOUND FL

Zip

Country

Zip

Country

33455

U.S.A.

33455

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0564869

Applied For

Not Applicable

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

POSNER, MICHAEL J
1555 PALM BEACH LAKES BLVD.
SUITE 1000
W PALM BEACH FL 33401

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

Rosemarie A. Celentano

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) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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 P ☐ Delete
NAME CELANTANO, ROSEMARIE
STREET ADDRESS 12973 CALAIS CIR
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE P ☒ Change ☐ Addition
NAME CELENTANO, ROSEMARIE
STREET ADDRESS 7896 SE PAUROTIS LN.
CITY-ST-ZIP HOBBS SOUND FL. 33455

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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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:

Rosemarie A. Celentano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT
ROSEMARIE A. CELENTANO

Date

Daytime Phone #

4/3/2000

CR2E034 (9/99)