

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90351 048 ***150.00

DOCUMENT #P95000031342

1. Entity Name *ST RAPHAEL ENTERPRISES, INC*



DO NOT WRITE IN THIS SPACE

90098003

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *FOODS*
THREE WISE OWLS HEALTH

3. Mailing Address
6931-3RD ST NORTH

Suite, Apt. #, etc.
155-3RD ST NORTH

Suite, Apt. #, etc.

City & State
ST PETERSBURG, FLA.

City & State
ST PETERSBURG, FLA.

Zip
33702

Country
Pinellas

Zip
33702

Country
PINELLAS

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
POLLY ST. RAPHAEL
6931 3RD ST NORTH
ST PETERSBURG, FLA. 33702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER / VICE PRESIDENT
MAX ST RAPHAEL
6931-3RD ST N
ST PETERSBURG, FLA 33702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *POLLY ST. RAPHAEL*
Polly St Raphael

PRESIDENT-DIRECTOR

727-525-7940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)