

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-14-2003 90220 025 ***150.00

DOCUMENT # P96000013407

1. Entity Name
R.A.G. AUTOMOTIVE ENTERPRISES, INC.



Principal Place of Business
**2604 HWY 44 WEST
INVERNESS FL 34453**

Mailing Address
**2604 HWY 44 WEST
INVERNESS FL 34453**



2. Principal Place of Business

**2604 HWY 44 WEST
Suite, Apt. #, etc.**

3. Mailing Address

**2604 HWY 44 W
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State

INV FL

City & State

INV FL

4. FEI Number

59-3360159

Applied For

☐ Not Applicable

Zip

34453

Country

UNITED STATES

Zip

34453

Country

UNITED STATES

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOOCHER, ROBERT A
5 BLACK WILLOW CT N
HOMOSASSA FL 34446**

7. Name and Address of New Registered Agent

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

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4-11-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GOOCHER, ROBERT A
6316 HARCROSS COURT
SPRING HILL FL 34806** *MOVED* ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GOOCHER ROBERT A
5 BLACKWILLOW CT N
HOMOSASSA FL 34446** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 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

4-11-03

DATE

352-3449644

Daytime Phone #

CR2E034 (10/02)