

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

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90020 018 ***150.00

DOCUMENT # P96000029202	
1. Entity Name RAKA INC.	

DO NOT WRITE IN THIS SPACE

44008083

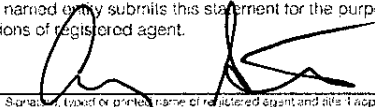
2. Principal Place of Business 3490 Oleander Ave. Suite, Apt. #, etc.		3. Mailing Address 3490 Oleander Ave. Suite, Apt. #, etc.		4. FEI Number 65-0655421		Applied For ☒ No: Applicable
City & State Ft. Pierce, FL	City & State Ft. Pierce, FL			5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
Zip 34902	Country U.S.A.	Zip 34902	Country U.S.A.			

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name LARRY W. STEEVES	
	Street Address (P.O. Box Number is Not Acceptable) 3490 Oleander Ave.	
	City Ft. Pierce	FL Zip Code 34902

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



2-5-04

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

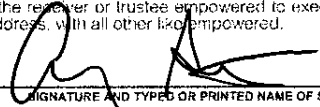
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
*Make Check Payable to Florida Department of State

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	D LARRY W. STEEVES 3490 Oleander Ave. Ft. Pierce, FL 34902	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY W. STEEVES 41 N. Congress Ave # 88 Delray Beach, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 manager 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-04

772-240-0947

Date

Daytime Phone #

CR2E034B (12/02)