

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079243

1. Entity Name

RARA SERVICES, INC.

FILED

Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90045 004 ***158.75

Principal Place of Business

Mailing Address

4567 N.E. 6TH ST. 9724 BRASSIE CIRCLE
OCALA FL 34470 EDEN PRAIRIE, MN 55347
US 4567 N.E. 6TH ST. 9724 BRASSIE CIRCLE
OCALA FL 34470-1553 EDEN PRAIRIE, MN 55347
US

812897



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9724 BRASSIE CIRCLE 9724 BRASSIE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

EDEN PRAIRIE, MN EDEN PRAIRIE, MN

Zip

Country

Zip

Country

55347 USA 55347 USA

4. FEI Number

74-6406994

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOKS, BETTY H
4567 NE 6TH STREET
OCALA FL 34470-1553

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

Betty H. Brooks BETTY H. BROOKS 2/12/00

Signature, typed or printed name of registered agent and fee 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, DAVID MAYSON	NAME	ADDRESS
STREET ADDRESS	4567 N.E. 6TH STREET 9724 BRASSIE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470-1553 EDEN PRAIRIE, MN 55347	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

David M Brooks DAVID M BROOKS

2/12/00

612-903-9838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)