

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008895

1. Entity Name

RACO ENTERPRISES, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90229 030 ***150.00

Principal Place of Business

Mailing Address

1003 SOUTHEAST 11TH STREET
DEERFIELD BEACH FL 33441

1003 SOUTHEAST 11TH STREET
DEERFIELD BEACH FL 32137-8997

2. Principal Place of Business

3. Mailing Address

22 Cochise Ct.

22 Cochise Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Palm Coast

Palm Coast

City & State

City & State

FLORIDA

Florida

Zip
32137

Country

USA

Zip
32137

Country

USA

4. FEI Number

95-4081903

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

RACO, SAM

1003 SOUTHEAST 11TH STREET
DEERFIELD BEACH FL 33441

Name

Raco, Sam

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

22 Cochise Ct.

Palm Coast, Florida

City

FL

Zip Code

32137

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RACO, SAM
1003 SOUTHEAST 11TH STREET
DEERFIELD BEACH FL 33441

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Raco, Sam
22 Cochise Ct.
Palm Coast, FL 32137

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Samuel Raco, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C.R. E034 (9/99)