

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 22, 2002 8:00 am**
Secretary of State

04-22-2002 90253 044 ***150.00

0555438 AV

DOCUMENT # P97000041769**1. Entity Name**
RAO HOLDINGS, INC.**Principal Place of Business****1710 PEACH STREET**
KISSIMMEE FL 34746**Mailing Address****1710 PEACH STREET**
KISSIMMEE FL 34746**2. Principal Place of Business****4430 S. Orange Blossom****3. Mailing Address****4430 S. Orange Blossom**

Suite, Apt. #, etc.

Tr.

Suite, Apt. #, etc.

Tr.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-3459919**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****O'SHAUGHNESSY, ROSEMARIE****1710 PEACH STREET****KISSIMMEE FL 34746****7. Name and Address of New Registered Agent**

Name

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

4430 S. Orange Blossom Trail

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**

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, 2002 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	RAO, MARIA W	
STREET ADDRESS	1710 PEACH STREET	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'SHAUGHNESSY, ROSEMARIE	
STREET ADDRESS	1710 PEACH STREET	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4430 S. Orange Blossom Trail	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4430 S. Orange Blossom Trail	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)