2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 12, 2001 8:00 am Secretary of State DOCUMENT # P97000047897 1. Entity Name RAFCO SERVICES, INC. 03-12-2001 90464 003 ***150.00 Mailing Address Principal Place of Business 212 85TH STREET 212 85TH STREET HOLMES BEACH FL 34217 HOLMES BEACH FL 34217 2. Principal Place of Business 3. Mailing Address ST. N.W. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0785100 RADENTON RADENTON Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required USA 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent FUSCO-RAYMOND-FUSCO, RAYMOND A-Street Address (P.O. Box Number is Not Acceptable) 212 85TH STREET **HOLMES BEACH FL 34217** BRA DENTO W 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE FUSCO RAYMOND A 91579TH ST. NW BRADENTON, FL FUSCO, RAYMOND A NAME NAME STREET ADDRESS **212 85TH STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOLMES BEACH FL 34217** Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS ÇITY-ST-ZIP CITY=ST=ZIP 😭 Addition Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _

TITLE

NAME STREET ADDRESS

☐ Delete

☐ Change

☐ Addition