

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90015 031 ***550.00

DOCUMENT # P97000050482

1. Entity Name
RACHEL'S NET INC.

Principal Place of Business

1234 W. FAIRBANKS AVE.
WINTER PARK FL 32789

Mailing Address

P.O. BOX 150303
ALTAMONTE SPRINGS FL 32715
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3451333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, DON ESQ
200 NORTH THORNTON AVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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** ☐ Delete
NAME **METZ, M. RODNEY**
STREET ADDRESS **3198 EDGEWATER DR**
CITY-ST-ZIP **GAINESVILLE GA 30501**

TITLE **S** ☐ Delete
NAME **VOEGTLIN, NANCY**
STREET ADDRESS **401 E SEMORAN BLVD**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **D** ☐ Delete
NAME **VEIGLE, JAMES**
STREET ADDRESS **401 E SEMORAN BLVD**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/01

Date

407-260-7003

Daytime Phone #

CR2E034 (5/01)