


**2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 31, 2004 8:00 am
Secretary of State**

03-31-2004 90024 050 ***150.00

DOCUMENT # **P97000094370**
 1. Entity Name
R.A.R.R. ACCOUNTING & TAX SERVICE INC



DO NOT WRITE IN THIS SPACE

94039999

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3861 NORTHWEST 171 STREET
 Suite, Apt. #, etc.

3. Mailing Address
3861 NORTHWEST 171 STREET
 Suite, Apt. #, etc.

City & State
CAROL CITY FLORIDA

City & State
CAROL CITY FLORIDA

Zip
33055

Country
JANE

Zip
33055

Country
JANE

4. FEI Number **65-0791445**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ALEXANDER, ROGER B**

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

City **CAROL CITY** FL Zip Code **33055**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	D	TITLE	
NAME	ALEXANDER, ROGER B	NAME	
STREET ADDRESS	3861 NW 171 STREET	STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY, FLORIDA 33055	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ROGER B ALEXANDER** 3-28-04 (954) 486-2136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)