

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103730

1. Entity Name

RAE, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90057 031 ***150.00

Principal Place of Business

Mailing Address

4840 S. U.S. HIGHWAY ONE
FORT PIERCE FL 34982

4840 S. U.S. HIGHWAY ONE
FORT PIERCE FL 34982-7013

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 65-0800070

Applied For

Not Applicable

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

838191



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRZYKALSKI, RONALD E
4840 S. U.S. HIGHWAY ONE
FORT PIERCE FL 34982

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 \$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

TITLE VP
NAME DICKERSON, TRACY
STREET ADDRESS 4760 8TH PLACE
CITY-ST-ZIP VERO BEACH FL 32966 ☒ Delete

TITLE PST
NAME STRZYKALSKI, RONALD
STREET ADDRESS 4541 WHISPERING PINES LANE
CITY-ST-ZIP FORT PIERCE FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP. T
NAME STRZYKALSKI, EDWARD
STREET ADDRESS 1631 SEAWAY DR
CITY-ST-ZIP Ft Pierce, FL 34949 ☐ Change ☒ Addition

TITLE P. S
NAME
STREET ADDRESS 1631 SEAWAY DR
CITY-ST-ZIP FT PIERCE, FL 34949 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

Ronald Strzykowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/9/00

Daytime Phone #

561 467 0900

CR2E034 (9/99)