

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90075 043 ***150.00

DATE TIME


DOCUMENT # P97000108198

1. Entity Name
RAFOOL & RAFOOL, P.A.

Principal Place of Business 1519 THIRD STREET S.E. WINTER HAVEN FL 33880	Mailing Address 1519 THIRD STREET S.E. WINTER HAVEN FL 33880
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P. O. Box 7286 Suite, Apt. #, etc.
City & State	City & State Winter Haven, Florida
Zip 33883-7286	Country

DO NOT WRITE IN THIS SPACE



4. FEI Number **59-3486584** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RAFOOL, BRANDON J
1519 THIRD STREET S.E.
WINTER HAVEN FL 33880

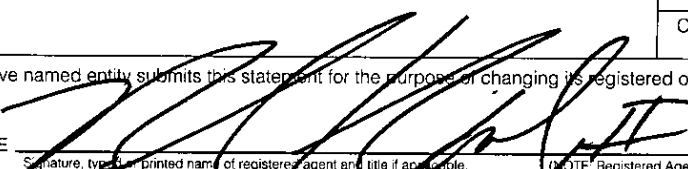
7. Name and Address of New Registered Agent

Name
Raymond J. Rafool, II

Street Address (P.O. Box Number is Not Acceptable)
1519 Third Street S.E.

City
Winter Haven **FL** Zip Code
33880

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  DATE **2/18/02**

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

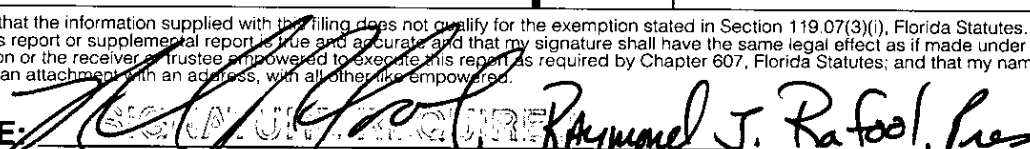
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAFOOL, BRANDON J 1519 THIRD STREET S.E. WINTER HAVEN FL 33880 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAFOOL, RAYMOND J II 1519 THIRD STREET S.E. WINTER HAVEN FL 33880 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **2/18/02** 863-299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # **3339**

CR2E034 (9/01)