

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051725

1. Entity Name
RAVER ROOFING, INC.



FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90092 044 ***150.00

Principal Place of Business
6455 BAY SHORE DRIVE
ST. CLOUD FL 34771-9534

Mailing Address
1206 CAROLINA AVE
ST. CLOUD FL 34769-3819

2. Principal Place of Business
1011 Carolina Avenue
Suite, Apt. #, etc.

3. Mailing Address
1011 Carolina Avenue
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Saint Cloud, Florida
Zip
34769
Country
U.S.

City & State
Saint Cloud, Florida
Zip
34769
Country
U.S.

4. FEI Number 59-3515316

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAVER, BRADLEY A
1206 CAROLINA AVENUE
ST. CLOUD FL 34764-3819

7. Name and Address of New Registered Agent

Name
Raver, Bradley A
Street Address (P.O. Box Number is Not Acceptable)
1011 Carolina Avenue
City
Saint Cloud FL Zip Code
34769

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 _____ (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 13, 2000 Min. 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	P RAVER, BRADLEY A	1206 CAROLINA AVE	ST CLOUD FL 39769	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<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
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/00 407 957-1313
Date Daytime Phone #

CR2E034 (5/00)

To Whom It May Concern:

*Doc
Attachment*

*#98000051725
A0071910*

I am sending this letter in regards to the filing of our Uniform Business Report. The Principal Place of Business and also the Mailing Address both have the wrong address. Our business never received the first report that was due to be filed during the beginning of the year. I am sending the address corrections along with the \$150.00 fee. Thank you for the understanding and I apologize for the delay.

Thank You,

Bradley A. Raver

Bradley A. Raver
President