

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90054 038 ***150.00

DOCUMENT # P98000051725

1. Entity Name

RAVER ROOFING, INC.

Principal Place of Business

**1011 CAROLINA AVE
SAINT CLOUD FL 34769
US**

Mailing Address

**1011 CAROLINA AVE
SAINT CLOUD FL 34769
US**

2. Principal Place of Business

1011 CAROLINA AVE.

Suite, Apt. #, etc.

3. Mailing Address

1011 CAROLINA AVE.

Suite, Apt. #, etc.

City & State

SAINT CLOUD, FLORIDA

City & State

ST CLOUD, FLORIDA

Zip

34769

Country

U.S.

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
1011 CAROLINA AVE
SAINT CLOUD FL 34769**

7. Name and Address of New Registered Agent

Name

BRADLEY A. RAYER

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

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, 2001 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 **P** ☐ Delete
NAME **RAVER, BRADLEY A**
STREET ADDRESS **1206 CAROLINA AVE**
CITY-ST-ZIP **ST CLOUD FL 39769**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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

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

01-16-01 407 957-1313

Date

Daytime Phone #

CR2E034 (10/00)

0434249