

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90011 020 ***150.00

DOCUMENT # P98000059481

1. Entity Name
RAVEN OF TAMPA, INC.

Principal Place of Business 10501 HARBORBLUFF WAY SUITE A TAMPA FL 33615 US	Mailing Address 10501 HARBORBLUFF WAY SUITE A TAMPA FL 33711-4515 US
--	---

2. Principal Place of Business <i>Joffrey's</i> Suite, Apt. #, etc.	3. Mailing Address <i>5165 34th S. South</i> Suite, Apt. #, etc.
---	--

City & State City & State <i>ST. Petersburg</i>	4. FEI Number 59-3526305	Applied For <input type="checkbox"/> Not Applicable
Zip / Country Zip <i>33711</i> Country <i>Paradise</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAROTTA, ROBERT T
10501 HARBOR BLUFF WAY
SUITE A
TAMPA FL 33615

7. Name and Address of New Registered Agent

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 *Robert Marotta T.* (NOTE: Registered Agent signature required when reinstating) DATE *3-22-2000*

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	P <input type="checkbox"/> Delete
NAME	MAROTTO, ROBERT
STREET ADDRESS	10501 HARBOR BLUFF WAY
CITY-ST-ZIP	TAMPA FL 33615
TITLE	<i>(Same)</i> <input type="checkbox"/> Delete
NAME	<i>5165 34th St. St. Petersburg South.</i>
STREET ADDRESS	<i>St Petersburg FL 33711</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Robert Marotta T.* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE *3-22-2000* DAYTIME PHONE # *727-865-0605*

CR2E034 (9/99)