

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90044 010 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P98000059481**

1. Entity Name  
**RAVEN OF TAMPA, INC.**



Principal Place of Business: 5165 34TH STREET SOUTH, SAINT PETERSBURG, FL 33711 US  
 Mailing Address: 5165 34TH STREET SOUTH, SAINT PETERSBURG, FL 33711 US

80114391

2. Principal Place of Business: 322 11th Ave N., Suite, Apt. #, etc.  
 3. Mailing Address: 322 11th Ave N., Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State: ~~St. Petersburg FL~~ St. Petersburg FL  
 Zip: 33701 Country: Pinellas  
 4. FEI Number: 59-3526305 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: MAROTTA, ROBERT T, 6165 34TH STREET SOUTH, SAINT PETERSBURG, FL 33711  
 7. Name and Address of New Registered Agent: Name: Robert Marotto, Street Address: 322 11th Ave N., City: St. Petersburg, FL, Zip Code: 33701

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. I am familiar with and accept the obligations of registered agent.  
 SIGNATURE: [Signature] DATE: 4-30-03

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  
 9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: MAROTTA, ROBERT STREET ADDRESS: 6165 34TH ST SOUTH CITY-ST-ZIP: SAINT PETERSBURG, FL 33711	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: Robert Marotto STREET ADDRESS: 322 11th Ave N. CITY-ST-ZIP: St. Petersburg	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] ROBERT MAROTTA DATE: 4-30-03 DAYTIME PHONE #: 727-776-0605

CR2E034 (10/02)