2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

TAMPA FL 33617

7800 NORTH 56TH STREET

DOCUMENT # P9900005577

1. Entity Name

TAMPA FL 33617

Principal Place of Business

7800 NORTH 56TH STREET

RAWDAN ENTERPRISES, INC.



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90195 047 ***150.00

JUU444U4



2. Principal Pl	ace of Business	3. Mailing Address) (881/391 (10 191/4 181)) BEIN BEIN BEIN BEIN BEIN BEIN BEIN BEIN			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State)	City & State			4. FEI Number 59-3560042			Applied For Not Applicable	
Zip	Country	- Zip	Count	ry	5. C	Certificate of Status Desired	\$8.75 Ac Fee Requir	tditional red	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
RAWDAN	LESLIE J			Street Address (P.O. Box Number is Not Acceptable)					
	ATH 56TH STREET			Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL	ţ								
IAMPA FL	. 33017								
				City FL			Zip Co	de	
335		for the ourness of changing it	e rogistore	ad office or regi	istered and	ent, or both, in the State of Florida. I am	 familiar with	n, and accept	
8. I'me appye	ons arregistered agent.	for the purpose of changing it	.s registere	a dilice of legi	isioica aga	one, of point, in the state of the state of the		,	
(1) Craining	1								
SIGNATURE .						instating) DATE			
	Signature, typed or printed name of registered age	ent and title if applicable. (NC	TE: Registere	d Agent signature rec	drited when te	mistating)	·		
F	ILE NOW!!! FEE IS \$150.00					9. Election Campaign Financing	¢5	.00 May Be	
After May 1, 2003 Fee will be \$550.00						Trust Fund Contribution.		ed to Fees	
	Payable to Florida Department								
10.	OFFICERS AN	ID DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 11	
TITLE	DP	☐ Delete	TITL				Change	Addition	
NAME	RAWDAN, LESLIE J		NAM	€					
STREET ADDRESS	7800 NORTH 56TH STREET		STRE	ET ADDRESS				į	
CITY-ST-ZIP	TAMPA FL 33617		CITY	- ST-ZIP		_			
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STREET ADDRESS	7800 NORTH 56TH STREET		STRE	ET ADORESS					
CITY-ST-ZIP	TAMPA FL 33617		CITY	-ST-ZIP					
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CITY-ST-ZIP				I .	- Cactie	440 07/2)/i) Florida Statutas I further as	vtify that th	a information	
12. I hereby	certify that the information supplied v	vith this filing does not qualify:	tor the exe timy signa	mption stated i ture shall have	the same	119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath; that I	am an offic	er or director	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(CONDICTED SEQUIRED

2-1-03

813-982-2242

Daytime Phone (