

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90726 042 ***150.00

DOCUMENT # P99000039173

1. Entity Name

RAPTURE HOLDINGS, INC.



Principal Place of Business

1700 N DIXIE HWY

STE #103

BOCA RATON FL 33432

Mailing Address

1700 N DIXIE HWY

STE #103

BOCA RATON FL 33432

2. Principal Place of Business

1700 N. Dixie Hwy

Suite, Apt. #, etc.

Ste 106

City & State

Boca Raton

FL

Zip

33432

Country

US

3. Mailing Address

1700 N. Dixie Hwy

Suite, Apt. #, etc.

Ste 106

City & State

Boca Raton

FL

Zip

33432

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0918354

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, ROBERT L

RAPTURE HOLDINGS INC.

1700 NORTH DIXIE HIGHWAY #103

BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1700 N. Dixie Hwy #106

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **P** ☐ Delete

NAME **SIMMONS, ROBERT L**
STREET ADDRESS **1700 NORTH DIXIE HIGHWAY #103**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS **1700 N Dixie Hwy #106**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert L. Simmons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2003

Date

561-362-8888

Daytime Phone #

CR2E034 (10/02)