

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


FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90137 049 ***150.00

0037196 AV

DOCUMENT # P99000045364 (L)

1. Entity Name
RAVINELAND, INC.



Principal Place of Business
**411 FIRST ST. SOUTH STE. 204
JACKSONVILLE BEACH FL 32250**

Mailing Address
**411 FIRST ST. SOUTH STE. 204
JACKSONVILLE BEACH FL 32250**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
2809 OCEAN DR. SOUTH
Suite, Apt. #, etc.
City & State
JACKSONVILLE BEACH, FL.
Zip
32250

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**WILLIAMS, GRADY H JR.
1279 KINGSLEY AVE. STE. 117
ORANGE PARK FL 32073**

4. FEI Number **59-3575669** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

SIGNATURE _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SENHART, NECDET 411 FIRST ST. SOUTH STE. 204 JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDGINGTON, WILLIAM L 1842 WATERBURY LANE ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **NECDET SENHART** Date **12/16/03** Daytime Phone # **(904) 249-6600**

CR2E034 (10/02)

Attachment #

Ravineland, Inc.
2809 Ocean Drive South
Jacksonville Beach, Florida 32250
(904) 249-6600 Phone
(904) 249-8998 Fax

90139702
\$99000045364

To: Florida Divisions of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Date: June 10, 2003

Dear Sir/Madam,

We regret for the delay; this is our first in many years of timely payment. We moved into a different office and the updating of our change of address caused some confusion in shifting and locating documents. We have enclosed the filing fee amount of \$150.00 along with the 2003 Uniform Business Report.

We thank you for your anticipated consideration.

Please feel free to contact us should you need anything else.

Nipa Polnoi


Accounting Department