

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083018

1. Entity Name
RAVEN WORKZ, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90153 003 ***150.00

Principal Place of Business

RT. 5, BOX 658-6
WEST JULIA DR./WOODS CREEK RD.
PERRY FL 32347

Mailing Address

RT. 5, BOX 658-6
WEST JULIA DR./WOODS CREEK RD.
PERRY FL 32347

00013047



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3571 Woods Creek Rd

3. Mailing Address

3571 Woods Creek Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Perry FL

City & State

Perry FL

4. FEI Number 59-3598651

Applied For

Not Applicable

Zip

32347

Country

US

Zip

32347

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FROSTICK, JAMES E JR.
RT. 5, BOX 658-6
WEST JULIA DR./WOODS CREEK RD.
PERRY FL 32347

Name

James E Frostick JR

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

3571 Woods Creek Rd

City

Perry

FL

Zip Code

32347

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

James E Frostick

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-23-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FROSTICK, JAMES E JR. RT. 5, BOX 658-6 PERRY FL 32347	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, DEBBIE T 153 LANDRY RD. PERRY FL 32347	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FROSTICK, MARCIA A RT. 5, BOX 658-6 PERRY FL 32347	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3571 Woods Creek Rd	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3571 Woods Creek Rd	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

James E Frostick James E Frostick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-01

Date

850-584-6067

Daytime Phone #

CR2E034 (10/00)