

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91760 010 ***150.00

DOCUMENT # PP 000083018 ✓

1. Entity Name

Raven Workz Inc,

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3571 WoodsCreek Rd

Suite, Apt. #, etc.

3. Mailing Address

3571 WoodsCreek Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Perry Fla

City & State

Perry Fla

4. FEI Number

593598651

Applied For

Not Applicable

Zip

32347

Country

USA

Zip

32347

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional**

Fee Required

7. Name and Address of Current Registered Agent

Name

James Frostick

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

3571 WoodsCreek 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.

James Frostick President 5-21-02
(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>James Frostick</u> <u>3571 WoodsCreek Rd</u> <u>Perry FL 32347</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sec</u> <u>Same as above</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <u>Same as above</u>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James E Frostick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E Frostick
President

Date

5-21-02 850-584-6067

Daytime Phone #

CR2E034B (12/01)