

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90006 017 \*\*\*550.00

**DOCUMENT # P99000099995**

1. Entity Name

**R.A.T.T., INC.**

Principal Place of Business

Mailing Address

**ROGERS RD.  
LAKELAND FL 33813****2311 ROGERS RD.  
LAKELAND FL 33813-3139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**12311 E. Cornell Ave.****23****Aurora, CO****80014-3323****USA**

4. FEI Number

**91-2006294**

Applied For

Not Applicable

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

**REHER, DEBORA C  
2311 ROGERS RD.  
LAKELAND FL 33813**

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.

SIGNATURE

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

(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)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	PD	<input type="checkbox"/> Delete
NAME	STILES, JERRY W	
STREET ADDRESS	1658 WILLOW ST.	
CITY-ST-ZIP	ASHDOWN AR 71822	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ENGLEDOW, LEWIS E	
STREET ADDRESS	3043 S. ANDES ST.	
CITY-ST-ZIP	AURORA CO 80013	
TITLE	STD	<input type="checkbox"/> Delete
NAME	REHER, DEBORA C	
STREET ADDRESS	2993 S. PEORIA ST., #G7	
CITY-ST-ZIP	AURORA CO 80014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stiles, Jerry W.	
STREET ADDRESS	5783 Harper Ct.	
CITY-ST-ZIP	Morrow, GA 30260	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reher, Debora C.	
STREET ADDRESS	12311 E. Cornell Ave. #23	
CITY-ST-ZIP	Aurora, CO 80014-3323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

**Debora C. Reher**  
**Secretary**

05-20-00

303-750-4930

SIGNATURE: *Debora C. Reher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/991