

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V32856

1. Entity Name  
R.A.R. ASSOCIATES, INC.

**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

08-25-2002 90195 023 \*\*\*550.00

UBR142 AV



DO NOT WRITE IN THIS SPACE

|   |                       |  |                       |
|---|-----------------------|--|-----------------------|
| Principal Place of Business<br><del>836 NORTHERN WAY</del><br><del>SUITE D-2</del><br><del>WINTER SPRINGS FL 32708</del><br><del>US</del>   |                       | Mailing Address<br><del>883 BIG BUCK CIRCLE</del><br><del>WINTER SPRINGS FL 32708</del><br><del>US</del>                               |                       |
| 2. Principal Place of Business<br><b>862 Gazelle Trail</b>  |                       | 3. Mailing Address<br><b>862 Gazelle Trail</b>   |                       |
| Suite, Apt. #, etc.   |                       | Suite, Apt. #, etc.  |                       |
| City & State<br><b>Winter Springs, FL.</b>  |                       | City & State<br><b>Winter Springs, FL.</b>   |                       |
| Zip<br><b>32708</b>   | Country<br><b>USA</b> | Zip<br><b>32708</b>  | Country<br><b>USA</b> |
| 6. Name and Address of Current Registered Agent<br><b>RIESEN, ROBERT A.</b><br><b>863 BIG BUCK CIR.</b><br><b>WINTER SPRINGS FL 32708</b>   |                       | 7. Name and Address of New Registered Agent<br><b>Riesen, Robert A.</b><br><b>862 Gazelle Trail</b><br><b>Winter Springs, FL 32708</b> |                       |
| 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. |                       | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                       |
| 4. FEI Number <b>59-3116831</b>   |                       | Applied For <input type="checkbox"/> Not Applicable  |                       |

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. ☐ **FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>RIESEN, ROBERT A.<br/>863 BIG BUCK CIRCLE<br/>WINTER SPRINGS FL</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>RIESEN, ROBERT A.<br/>862 GAZELLE TRAIL<br/>WINTER SPRINGS, FL. 32708</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 331-1271

CR2034 (4/02)

862 Gazelle Trail  
Winter Springs, FL 32708

*Attachment*  
**rar associates, inc.**

Phone: (407) 331.1271  
Facsimile: (407) 331.1222  
Email: rarinc@mpinet.net

August 19, 2002

**Division of Corporations**  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Uniform Business Report (UBR)  
R.A.R. Associates, Inc.  
EIN: 59-3116831  
Document # V32856

To Whom It May Concern,

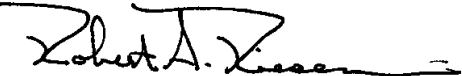
I am writing to request a wavier from the punitive fines for late filing of my annual report. I have submitted the annual report with full payment of filing fee and late payment.

I relocated both my residence in November 2001, and then two months later my office (both of these events are public record) and my mail has been both delayed and missing completely. I never received the first mailing of the Uniform Business Report.

Under these circumstances which were completely out of my control I wish to request a refund of the late fee portion of my payment.

My new office address is indicated above and on the annual report.

Thank You,



**Robert A. Riesen**  
President

cc: **Division of Corporations**  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Division of Corporations**  
409 East Gaines Street  
Tallahassee, FL 32399

**Katherine Harris**  
Secretary of State  
Tallahassee, FL