

2000 UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # 351883

1. Entity Name

RA-CO INC.

FILED

00 AUG -2 AM 8:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

360 TANGERINE ST
MERRITT ISLAND FL 32954
US

~~360 TANGERINE ST~~
P O BOX 540845
MERRITT ISLAND FL 32954
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P. O. Box 540845

MERRITT ISL. FL

FL 32954

USA



DO NOT WRITE IN THIS SPACE

2710090007015 \$1500

4. FEI Number

59-1309643

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

KOONTZ, COY A
360 TANGERINE ST
MERRITT ISLAND FL 32953

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOONTZ, MARY E	NAME	
STREET ADDRESS	875 LAKEWOOD CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOONTZ, JR COY A	NAME	
STREET ADDRESS	875 LAKEWOOD CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOONTZ, COY A	NAME	
STREET ADDRESS	875 LAKEWOOD CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00

Date

Daytime Phone #

CR2E034 (5/00)

2067

**RACO
PO BOX 540845
MERRITT ISLAND, FL 32954**

7/26/00

To whom it may concern,

I have enclosed a copy of the canceled check that cleared the bank 2/4/2000 and another copy of the first 2000 business report form we signed and mailed with the check. This must have been sent to us in error. Can you please correct this immediately. If you need any further information please contact us at 321 452-5389 or the address above.

Sincerely,

Coy A. Koontz

Please also note the mailing address is our PO Box