

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90106 035 \*\*\*150.00

0502076 AV

**DOCUMENT # P00000016185**



1. Entity Name  
**RABER INDUSTRIES, INC.**

Principal Place of Business  
**2190 SESBASTIAN COURT  
ALVA FL 33920**

Mailing Address  
**2190 SESBASTIAN COURT  
ALVA FL 33920**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0982765**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip 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

**SUBBERT, DANIEL W  
11458 WATERFORD VILLAGE COURT  
FORT MYERS FL 33913**

Name **DANIEL W. SUBBERT**  
Street Address (P.O. Box Number is Not Acceptable)  
**17690 OAK CREEK RD**  
City **ALVA** FL Zip Code **33920**

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/16/3**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>ROBER, THOMAS E JR</b>
STREET ADDRESS	<b>2190 SEBASTIAN CT</b>
CITY-ST-ZIP	<b>ALVA FL 33920</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>SUBBERT, DANIEL W</b>
STREET ADDRESS	<b>11458 WATERFORD VILLAGE COURT</b>
CITY-ST-ZIP	<b>FORT MYERS FL 33913</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANIEL W. SUBBERT</b>
STREET ADDRESS	<b>17690 OAK CREEK RD</b>
CITY-ST-ZIP	<b>ALVA FL 33920</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/16/3** DAYTIME PHONE #

CRCE034 (10/02)