

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90081 035 ***150.00

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DOCUMENT # 199921

1. Entity Name
THELMA C. RALEY INC.

Principal Place of Business 505 AVENUE A. NW SUITE 209 WINTER HAVEN FL 33881 US	Mailing Address P.O. BOX 1112 WINTER HAVEN FL 33882 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-0846757	Applied For <input type="checkbox"/>
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**RALEY, WILLIAM L
 505 AVENUE A, NW
 SUITE 209
 WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	NAME RALEY, THELMA C.	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 505 AVE A, NW STE 209	CITY-ST-ZIP WINTER HAVEN FL		
TITLE VD	NAME RALEY, WILLIAM L	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 505 AVE A, NW STE 209	CITY-ST-ZIP WINTER HAVEN FL		
TITLE STD	NAME KISER, ALISON	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 505 AVE A, NW STE 209	CITY-ST-ZIP WINTER HAVEN FL		
TITLE D	NAME CLASS, DONNA K.	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 505 AVE A, NW STE 209	CITY-ST-ZIP WINTER HAVEN FL		
TITLE D	NAME KIRTLEY, GEORGE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 505 AVE A, NW STE. 209	CITY-ST-ZIP WINTER HAVEN FL		
TITLE DV	NAME RALEY, WILLIAM L. JR.	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 505 AVE A, NW STE 209	CITY-ST-ZIP WINTER HAVEN FL		

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: W. Lindsay Raley, Jr. Date: 4/3/01 Daytime Phone #: 863-294-7523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)