

2000 UNIFORM BUSINESS REPORT (UBR)

090800

DOCUMENT # **F95152**

1. Entity Name
Jeff-Ray Corporation, Inc.

FILED

00 SEP 11 AM 10:23

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business	Mailing Address
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2. Principal Place of Business 8345 SE 57 Drive Suite, Apt. #, etc.	3. Mailing Address PO Box 1923 Suite, Apt. #, etc.
City & State Okeechobee, FL	City & State Jupiter, FL
Zip 34974	Country USA
Zip 33468	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2222875	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

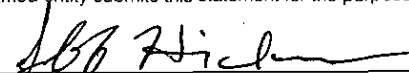
6. Name and Address of Current Registered Agent

Jeffrey Hickman
8345 SE 57 Drive
Okeechobee, FL 34974

7. Name and Address of New Registered Agent

Name: **Jeffrey Hickman**
Street Address (P.O. Box Number is Not Acceptable): **8345 SE 57 Drive**
Okeechobee, FL
City: **FL** Zip Code: **34974**

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: **8/31/00**

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. (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

TITLE Ray Hickman President	<input checked="" type="checkbox"/> Delete
NAME Ray Hickman	
STREET ADDRESS 6404 164 Ave, NW	
CITY-ST-ZIP Okeechobee, FL 34973	
TITLE Edna Hickman Secretary	<input checked="" type="checkbox"/> Delete
NAME Edna Hickman	
STREET ADDRESS 8345 SE 57 Drive	
CITY-ST-ZIP Okeechobee, FL 34974	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Jeffrey Hickman	
STREET ADDRESS PO Box 1923	
CITY-ST-ZIP Jupiter, FL 33468	
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.

SIGNATURE:  DATE: **8/31/00**

Signature and typed or printed name of signing officer or director

Daytime Phone # **KE**

CR2E034 (9/99)