

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90687 013 \*\*\*150.00

DOCUMENT # **F95152**

1. Entity Name  
**JEFF-RAY CORPORATION, INC.**



Principal Place of Business  
**8345 SE 57 DRIVE  
OKEECHOBEE FL 34974**

Mailing Address  
**PMB 107  
10152 W INDIANTOWN ROAD  
JUPITER FL 33478**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**530 NW 70 Terrace**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Hollywood FL**

City & State

4. FEI Number **59-2222875**

Applied For  
 Not Applicable

Zip  
**33024**

Country  
**USA**

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

**HICKMAN, JEFFREY**

~~**8345 SE 57 DRIVE**~~

~~**OKEECHOBEE FL 34974**~~

**530 NW 70 Terrace**

**Hollywood, FL 33024**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Jeffrey Hickman*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/6/03**

DATE

**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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HICKMAN, JEFFREY</b> <input type="checkbox"/> Delete <b>PMB 107, 10152 W INDIANTOWN ROAD</b> <b>JUPITER FL 33478</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Jeffrey Hickman*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/03**

DATE

**561 310 8006**

Daytime Phone #

CR20034 11/10/02