## Mar 12, 2001 8:00 am

**Secretary of State** 

**DOCUMENT # K14363** 1. Entity Name RAYMOND'S SECOND HAND WORLD INC. 03-12-2001 90022 013 \*\*\*150.00 Principal Place of Business Mailing Address 5624 SWIFT RD. 5624 SWIFT RD. 1 40000 SARASOTA FL 34231 SARASOTA FL 34231 A CANADA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0030076 Not Applicable Zip Country - Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAYMOND, DONN G Street Address (P.O. Box Number is Not Acceptable) 2823 COVENTRY WAY SARASOTA FL 34231 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE ☐ Delete TITLE ☐ Change RAYMOND, DONN G. NAME NAME STREET ADDRESS STREET ADDRESS 5624 SWIFT RD. CITY-ST-ZIP CITY-ST-7IP SARASOTA FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change RAYMOND, MARY E NAMÉ NAME STREET ADDRESS STREET ADDRESS 5624 SWIFT RD. CITY-ST-ZIP\* CITY\_ST-ZIP\_ ... SARASOTA FL" Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE 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 eddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR OR DIRECTOR

2001 UNIFORM BUSINESS REPORT (UBR)

CR2E034 (10/00)