

4/24/

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

55049840

DOCUMENT # **P02000051904** *4/*

1. Entity Name
R & W TEXTURES INC.

Principal Place of Business
**705 5TH STREET S
 SAFETY HARBOR FL 34885**

Mailing Address
**705 5TH STREET S
 SAFETY HARBOR FL 34885**

New Address

2. Principal Place of Business
11741 Bruin dr.

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

City & State
New Port Richey FL

City & State
 Sube, Apt. #, etc.

4. FBI Number
04-3694347

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**RALEY, KEVIN
 705 5TH STREET S
 SAFETY HARBOR FL 34885**

7. Name and Address of New Registered Agent
 Name **KEVIN RALEY**
 Street Address (P.O. Box Number is Not Acceptable)
11741 Bruin dr.
New Port Richey FL 34654
 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 *Kevin Railey* **5-10-03**
Signature, typed or coded name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$350.00
 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 Officer	NAME Thomas R. Quick	TITLE President	NAME Kevin Railey
STREET ADDRESS 2725 North Terrace Drive	CITY-ST-ZIP Glenwater FL 33759	STREET ADDRESS 11741 Bruin dr.	CITY-ST-ZIP New Port Richey FL 34654
TITLE Secretary	NAME Arnette Baker	TITLE	NAME
STREET ADDRESS 240 Leith St S.	CITY-ST-ZIP Safety Harbor FL 34885	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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)(X), 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 REQUIRED Kevin Railey** **5-10-03** **727-992-8176**
Signature, typed or coded name of signing officer or director. Date. Daytime Phone.

CR2004 (1/02)