CR2E034 (10/02)

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

Mailing Address

57560 MORTON STREET

MARATHON FL 33050

P96000041125 DOCUMENT

1. Entity Name

Principal Place of Business

57560 MORTON STREET

MARATHON FL 33050

RAY'S OUTBOARD MOTOR WORKS, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90309 024 ***150.00

MAAAAAAA



2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0666732 Not Applicable Zip 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 Name VAUGHN, KATHLEEN C. Street Address (P.O. Box Number is Not Acceptable) 57560 MORTON ST MARATHON FL 33050 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PSTD** □ Delete TITLE ☐ Change Addition NAME VAUGHN, KATHLEEN C AUGHN, RAY W. NAME STREET ADDRESS 57560 MORTON ST STREET ADDRESS 57560 MORTON ST. CITY-ST-ZIP MARATHON FL 33050 CITY-ST-ZIP MARATHON, FL 33050 TITLE ☐ Delete IP 15 TITLE Change Change Addition VAUGHN, KATHLEENC. 57560 MORTON ST. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MARATHON, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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

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:

MEKATHLEEN C. VAUGHN, V.P. 1/13/03 305-743-5333