

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90396 021 ***150.00

DOCUMENT # P01000098107

1. Entity Name
RAY'S THERAPEUTIC TOUCH INC.

Principal Place of Business

**904 NW 9TH AVE
FT LAUDERDALE FL 33311**

Mailing Address

**904 NW 9TH AVE
FT LAUDERDALE FL 33311**

2. Principal Place of Business

**904 NW 9th Ave
Suite, Apt. #, etc.
104**

3. Mailing Address

**4300 NW 43rd St
Suite, Apt. #, etc.
104**

City & State

**FT Laud. FL
Zip
33311**

City & State

**LAUDERDALE FL
Zip
33319**

4. FEL Number

651154707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUDSON, ERVIN
5245 NW 96TH AVE
SUNRISE FL 33351**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
NAME **HARRISON, RAYMOND**
STREET ADDRESS **904 NW 9TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **S** ☐ Delete
NAME **HARRISON, DEON ND**
STREET ADDRESS **904 NW 9TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

RAY'S THERAPEUTIC
TOUCH -

904 NW 9th Ave
Ft Lauderdale
FL 33311

BOJ27180
Attachment

Dear Sir-Mr #R01000078107/1/02

I am just writing to let you
know that I did not receive the first
bill you told me you send. I am sorry
I miss it but I am now sending the
\$150.00 you told me to send you.

Love

Barbara
Perry