

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 288185

1. Entity Name

MORAY ENTERPRISES, INC.

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90833 011 \*\*\*150.00

0450519 AV

Principal Place of Business

1355 PINELLAS BAYWAY #4  
TIERRA VERDE FL 33715

Mailing Address

1355 PINELLAS BAYWAY #4  
TIERRA VERDE FL 33715

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 59-1104778

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WATSON, RAY M.  
 1355 PINELLAS BAYWAY #4  
 TIERRA VERDE FL 33715

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.

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 DP ☐ Delete  
 NAME WATSON, RAY M.  
 STREET ADDRESS 1355 PINELLAS BAYWAY #4  
 CITY-ST-ZIP TIERRA VERDE FL

TITLE STV ☐ Delete  
 NAME JIMPIE, DEBRA W  
 STREET ADDRESS 1818 77TH AVE NO  
 CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ Delete  
 NAME JACKSON, LAURIE M.  
 STREET ADDRESS 1700 COUNTRY CLUB RD N  
 CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ Delete  
 NAME WATSON, DAVID R.  
 STREET ADDRESS 6603 WOOD MEADOW LP  
 CITY-ST-ZIP BRADENTON FL

TITLE D ☐ Delete  
 NAME O'BRIEN, GEORGE  
 STREET ADDRESS 12820 90TH AVE. N.  
 CITY-ST-ZIP SEMINOLE FL

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 (9/01)