## **2002 UNIFORM BUSINESS REPORT (UBR)**

430291

1. Entity Name

RAY'S METAL WORKS, INC.

Principal Place of Business

DOCUMENT #

Mailing Address

6410 NW 123RD PLACE GAINESVILLE FL 32606

6410 NW 123RD PLACE **GAINESVILLE FL 32606** 

2. Principal Place of Business	3. Mailing Address						
$\bar{\epsilon}$	P O Box 700						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						
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<i>y</i>							





Surfa, Apt. 4, etc.    Surfa, Apt. 4, etc.   Surfa, Apt. 4, etc.   Surfa, Apt. 4, etc.   City & State	-		B 0 B=== 70	^					
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WATSON, FOLDS, STEADHAM, TOYKACH, WALKER \$27 E. UNIVERSITY AVENUE GAINESVILLE FL. 32602    City   FL   Zip Code	Zip32		· · ·	Country	5. (	Certificate of Status Desired			
WATSON, FOLDS, STEADHAM, TOWKACH, WALKER \$27 E. UNIVERSITY AVENUE GAINESVILLE FL. 32602  8. The abover nurmal entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida.  9. This corporation is eligible to satisfy its intangible Tax fing requirement and elects to do so.  After May 1, 2002 Fee will be \$50.00.  After May 1, 2002 Fee w		6. Name and Address of Current R			7. N	lame and Address of New Regi	stered Agent		
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signame typed or prince haved or prince name of registered agent and lite? Applicable. PACTE Pregistered Agent a registered agent, or both, in the State of Florida.  P. This corporation is eligible to satisfy its Initiangible Tax liting requirement and elects to do so. Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILLE  PD  BURNSED, RAY 1880S N COUNTRY RD 255 GAINSVILLE FL 32609  TILE  S SIRETADRESS CITY-SI-2P  C			Street A	Street Address (F.O. Box Number is Not Acceptable)					
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Atter May 1, 2002 Fee will be \$550.00 (See criteria on back)	SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signatu	ıra required when re	instating)	DATE		
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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:** 



1/24/02