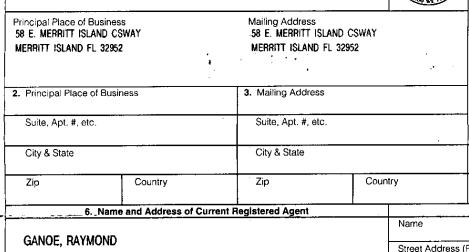
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**



## **FILED** Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90120 002 \*\*\*150.00

DOCUMENT #	505772	
1. Entity Name		
RAY'S WHOLESALE, IN	NC.	



Principal Place of Business									
						-			
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State		4.	. FEI Number <b>59-1667892</b>	<u> </u>	pplied For ot Applicable	
Zip	Count	ry	Zip	Country	5.	. Certificate of Status Desired	\$8.75 Add	ditional	
6. Name and Address of Current Registered Agent			7.	7. Name and Address of New Registered Agent					
O. Hallo and Address of Santan Hegister Figure				Name					
GANOE, RAYMOND			Street A	Street Address (P.O. Box Number is Not Acceptable)					
1157 N IN	idian river dr		•	Street	duless (1.0.	Box Number is Not Acceptable)			
COCOA F	L 32922		•			·			
				City		F	L Zip Cod	le	
	named entity submits ions of registered age	nt.		s registered office o		agent, or both, in the State of Florida. I an reinstating)	familiar with,	and accept	
After	ILE NOW!!! FEE r May 1, 2003 Fee v c Payable to Florida	vill be \$550.00	tate		, -	made vario continuation.	☐ Ådded	00 May Be d to Fees	
10.		OFFICERS AND DIF		11.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST GANOE, RAYMON 100 RIVERSIDE DI COCOA FL 32922	RIVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHLEY, SCOTT 290 SE 6TH ST DELRAY BEACH F	FL 33483	Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GANOE, STEVEN 951 NAUTRUS ISI DANIA FL 33004	E	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YD -		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME			☐ Delete	TITLE NAME			☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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 eport 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 custed 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 expowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

☐ Delete

☐ Change

Addition