

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91441 026 ***150.00

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

DOCUMENT # 603172

TO: COUNTY NAME
 RAYMOND, P.A.Principal Place of Business
 125 BUTLER ST
 WEST PALM BEACH, FL 33407-6105Mailing Address
 125 BUTLER ST
 WEST PALM BEACH, FL 33407-6105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
 59-1365712Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAYMOND, THOMAS F
 125 BUTLER ST.
 WEST PALM BEACH, FL 33407

Name

Street Address (P.O. Box Number is Not Acceptable)

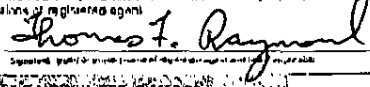
City

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



(NOTE: Registered Agent's signature required when not using)

DATE

4/30/3

 FEE: \$150.00
 After May 1, 2003 Fee will be \$150.00
 Make Check Payable to Florida Department of State
9. Election Campaign Contributions
 Trust Fund Contribution ☐\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

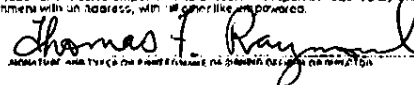
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	RAYMOND, THOMAS F	
STREET ADDRESS	125 BUTLER ST	
CITY-ST-ZIP	WEST PALM BEACH, FL	
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		

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information contained in this form does not qualify for the exemption stated in Section 110.07(1)(b), 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 007, 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:



4/30/3