

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 631804

1. Entity Name

RAYCO ENTERPRISES, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90090 007 ***150.00

Principal Place of Business

RAYCO ENTERPRISES INC
493 YOUNG ST
MELBOURNE FL 32935
US

Mailing Address

RAYCO ENTERPRISES, INC
493 YOUNG DR.
MELBOURNE FL 32935
US

642944



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

RAYCO Enterprises, INC
Suite, Apt. #, etc.

493 Young St.
City & State

Melbourne, Fla.

Zip

32935

Country

Brevard

3. Mailing Address

Same as above
Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1928447

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALBERT, S. RAY
493 YOUNG STREET
MELBOURNE FL 32935

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, 2001 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 PD ☐ Delete
NAME HALBERT, S. RAY
STREET ADDRESS 493 YOUNG ST.
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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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
NAME
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TITLE ☐ Change ☐ Addition
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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

S. RAY HALBERT

4-16-01

Daytime Phone # (321) 253-8209

CR2034 (10/00)