

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90230 015 ***150.00

DOCUMENT # 644444

1. Entity Name
RAY WOLTERS RESIDENTIAL DESIGN AND DRAFTING, INC



Principal Place of Business
**111 N. VIRGINIA AVENUE
BOX 2305 WINTER PK., FL (32790)
WINTER PARK FL 32789**

Mailing Address
**111 N. VIRGINIA AVENUE
BOX 2305 WINTER PK., FL (32790)
WINTER PARK FL 32789**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2250 Lee Road

3. Mailing Address
P.O. Box 2305

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#200

City & State
Winter Park, FL

City & State
Winter Park, FL

4. FEI Number **59-1948684**

Applied For

Not Applicable

Zip Country
32789 USA

Zip Country
32790 USA

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

**WOLTERS, RAY
111 N. VIRGINIA AVENUE
WINTER PARK FL 32789**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME **WOLTERS, RAY** ☐ Delete
STREET ADDRESS **111 N. VIRGINIA AVENUE**
CITY-ST-ZIP **WINTER PARK FL**

TITLE PD ☒ Change ☐ Addition
NAME **WOLTERS, RAY**
STREET ADDRESS **2250 Lee Road #200**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raymond C. Wolters*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-03 (407) 6454529

CR2E034 (10/02)