

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29775**

1. Entity Name

RAY CONSTRUCTION OF OKALOOSA COUNTY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 12 PM 4:41



DO NOT WRITE IN THIS SPACE

MJH

Principal Place of Business
5210 SOUTH FERDON BLVD.
CRESTVIEW FL 32536

Mailing Address
5210 SOUTH FERDON BLVD.
CRESTVIEW FL 32536-9269

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-2679850**

Applied For
Not Applicable

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

RAY, TIMOTHY E
5210 SOUTH FERDON BLVD.
CRESTVIEW FL 32536

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$659,866.43**

10. Amount of Capital Contributions in FLORIDA to date. **290,216.50**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **RAY, TIMOTHY E**
STREET ADDRESS **5210 SOUTH FERDON BLVD.**
CITY - ST - ZIP **CRESTVIEW FL**

STREET ADDRESS
CITY - ST - ZIP **100003223821--3**
04/25/00 01104-002
*******526.25 *****526.25**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-7-2000

850-682-5839

Date Daytime Phone #

CR2E003 (9/99)