

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007133 AT

DOCUMENT # **A29775**

1. Entity Name  
**RAY CONSTRUCTION OF OKALOOSA COUNTY, LTD.**



FILED

03 APR 11 PM 1:55

CLERK OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**300 RASBERRY ROAD  
CRESTVIEW FL 32536**

Mailing Address  
**300 RASBERRY ROAD  
CRESTVIEW FL 32536**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-2679850**

Applied 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

**RAY, TIMOTHY E**

~~**5210 SOUTH FERDON BLVD.**~~  
**CRESTVIEW FL 32536**

Name

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

**300 RASBERRY ROAD**

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.

**Timothy E. Ray, General Partner**

**4-1-03**

DATE

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

10. Amount of Capital Contributions  
in FLORIDA to date. **290,216.**

11. MAKE CHECK PAYABLE TO FL. 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  
STREET ADDRESS  
CITY-ST-ZIP  
**RAY, TIMOTHY E  
300 RASBERRY ROAD  
CRESTVIEW FL 32536**

STREET ADDRESS

CITY-ST-ZIP

**600015758146**

**04/11/03 01053 010 \*\*526.25**

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

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

**Timothy E. Ray, General Partner**

Date

Daytime Phone #

**850-682-5839**

CR2E003 (10/02)