

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000750**

1. Entity Name

JENRAY LIMITED

Principal Place of Business

10714 CARROLL LAKE DRIVE
TAMPA FL 33618

Mailing Address

10714 CARROLL LAKE DRIVE
TAMPA FL 33618

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 feb 28 PM 4:00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3434644

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

HINES, JAMES P ESQUIRE
HINES & ASSOCIATES, P.A.
315 S. HYDE PARK AVENUE
TAMPA FL 33606

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.

DATE

9. Capital Contributions
as Shown on record:

\$632,600.00

10. Amount of Capital Contributions
in FLORIDA to date:

**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

CR2E003 (9/01)

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ROYSTER, RAYMOND H TRUSTEE 10714 CARROLL LAKE DRIVE TAMPA FL 33618	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ROYSTER, JEANNETTE M TRUSTEE 10714 CARROLL LAKE DRIVE TAMPA FL 33618	STREET ADDRESS CITY-ST-ZIP	800005041568--8 -03/04/02-01101-001 ****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

JEANNETTE M ROYSTER
Jeannette M Royster

2/22/02 813.935-0391

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #