

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F27780

1. Entity Name

RAY GULLETT & ASSOCIATES, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90076 046 ***150.00

Principal Place of Business

Mailing Address

526 WESTPORT DR.
P.O. BOX 1926
LONGWOOD FL 32750

526 WESTPORT DR.
P.O. BOX 1926
LONGWOOD FL 32812-2735

2. Principal Place of Business

1648 Foxboro DR

3. Mailing Address

P O Box 568961

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO, FL

4. FEI Number

59-2280234

Applied For

Not Applicable

Zip

32812

Country

ORANGE

Zip

32859-8961

Country

ORANGE

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

GULLETT, VERNETT R
526 WESTPORT DRIVE
LONGWOOD FL 32750

Name

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

1648 Foxboro DR

City

ORLANDO

FL

Zip Code

32812

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 VERNETTE R GULLETT

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GULLETT, RAY E SR.
STREET ADDRESS 526 WESTPORT DR.
CITY-ST-ZIP LONGWOOD FL

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

TITLE STD ☐ Delete
NAME GULLETT, VERNETTE R
STREET ADDRESS 526 WESTPORT DR.
CITY-ST-ZIP LONGWOOD FL

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

TITLE VD ☐ Delete
NAME GULLETT, RAY E JR.
STREET ADDRESS 526 WESTPORT DR.
CITY-ST-ZIP LONGWOOD FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

4-6-00

Date

(407) 482-9660

Daytime Phone #

CR2E034 (9/99)