

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**  
 02-14-2002 90035 026 \*\*\*150.00

0057436 IN

**DOCUMENT # F99000002364**

**1. Entity Name**  
**RAYDEN ASSOCIATES LIMITED (INCORPORATED COMPANY)**

**Principal Place of Business**  
**PO BOX 24, BEAULLEU MILL LANE**  
**SARK.**  
**CHANNEL ISLANDS GY9 OSA UK**

**Mailing Address**  
**PO BOX 24, BEAULLEU MILL LANE**  
**SARK.**  
**CHANNEL ISLANDS GY9 OSA UK**



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

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

DO NOT WRITE IN THIS SPACE

**City & State**  
**Zip** **Country**

**4. FEI Number** **98-0195485** **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**

**BYRD, GINA**  
**3355 W. VINE**  
**STE 102**  
**KISSIMMEE FL 34741**

**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. (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, 2002 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			
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>WRIGHT, DAVID J</b>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	<b>BEAULLEU MILL LANE SARK</b>	<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	<b>CHANNEL ISLANDS</b>	<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>DIRECTOR</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>INGEBORG WRIGHT</b> <input checked="" type="checkbox"/> ADDITION	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	<b>BEAULLEU, MILL LANE, SARK</b>	<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	<b>CHANNEL ISLANDS GY9 OSA U.K.</b>	<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>STUART GORDON CRANE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>MILLRACE HOUSE</b> <input checked="" type="checkbox"/> ADDITION	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	<b>THE MILLRACE, SULBY, RAMSEY</b>	<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	<b>I.O.M. IM7 2HT UK</b>	<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>DIRECTOR</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>JENNIFER DALE DIAS</b> <input checked="" type="checkbox"/> ADDITION	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	<b>12 THE MILLRACE, SULBY, RAMSEY</b>	<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	<b>I.O.M. IM7 2HT UK</b>	<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>SECRETARY</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>DAVID JOHN WRIGHT</b> <input checked="" type="checkbox"/> ADDITION	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	<b>BEAULLEU, MILL LANE, SARK</b>	<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	<b>CHANNEL ISLANDS GY9 OSA UK</b>	<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>ASSISTANT SECRETARY</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>STUART GORDON CRANE</b> <input checked="" type="checkbox"/> ADDITION	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	<b>MILLRACE HOUSE, THE MILLRACE, SULBY,</b>	<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	<b>RAMSEY, I.O.M. IM7 2HT UK</b>	<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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 titles empowered.**

(UK)

**SIGNATURE:** SIGNATURE REQUIRED JOHN WRIGHT 1/29/02 07071 880275  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **Daytime Phone #**

CR2E034 (9/01)

Attached  
# F99000002364  
733375

MY APOLOGIES, THE NEW  
ENTRIES THAT I ADDED  
SHOULD HAVE BEEN IN  
BLOCK 12. I HOPE THAT  
THIS IS O.K.

REGARDS  
DAVID WRIGHT 