

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90056 021 ***150.00

60001130



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # G70992

1. Entity Name
RAY'S REFRIGERATION, INC.



Principal Place of Business
**4380 WHISPERING WOODS
SARASOTA FL 34233**

Mailing Address
**4380 WHISPERING WOODS
SARASOTA FL 34233**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2357683**

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

**ELLIS, STEPHEN F.
1800 SECOND STREET
SUITE 707
SARASOTA FL 34236**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☐ Delete
NAME **ALRED, LINDA L**
STREET ADDRESS **4380 WHISPERING WOODS**
CITY-ST-ZIP **SARASOTA FL**

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

DSV ☐ Delete
NAME **ALRED, LINDA L**
STREET ADDRESS **4380 WHISPERING WOODS**
CITY-ST-ZIP **SARASOTA FL**

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

DP ☐ Delete
NAME **ALRED, RAYMOND**
STREET ADDRESS **4380 WHISPERING WOODS**
CITY-ST-ZIP **SARASOTA FL**

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

MGRD ☐ Delete
NAME **ALRED, JASON B**
STREET ADDRESS **4380 WHISPERING WOODS PL**
CITY-ST-ZIP **SARASOTA FL 34233**

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Alred* **LINDA ALRED, V.P.** 1-6-03 941 921-1858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)