

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0135940 AT

DOCUMENT # J64924

1. Entity Name
RAY 'N SAM, INC.



FILED
03 SEP 22 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2406 GULF BLVD.
103
INDIAN ROCKS BEACH FL 33785
US

Mailing Address
P.O. BOX 273
INDIAN ROCKS BEACH FL 33785
US



2. Principal Place of Business
5003 Yellow Pine ST.
Suite, Apt. #, etc.

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

City & State
ST. Petersburg FL
Zip
33709
Country
Pinellas

City & State
Zip
Country

4. FEI Number 59-2813750
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
DAVIS, RAYMOND D.
2406 GULF BLVD #103
INDIAN ROCKS BEACH FL 33785

7. Name and Address of New Registered Agent
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 Ray Davis RAY DAVIS 7-14-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, RAYMOND D. 2406 GULF BLVD STE 103 P O BOX 273 INDIAN ROCKS BEACH FL 33785 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, IMORAE 2406 GULF BLVD STE 103 P O BOX 273 INDIAN ROCKS BEACH FL 33785 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400023358224 09/26/03--01018--015 **\$550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE REQUIRED 9-10-03 722-541-6640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)