

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90124 041 *****50.00

DOCUMENT # L02000029345

1. Entity Name

RICHARD RAY & CONSULTANTS LLC



Principal Place of Business

**3241 BRENTWOOD LANE
MELBOURNE FL 32934**

Mailing Address

**3241 BRENTWOOD LANE
MELBOURNE FL 32934**

2. Principal Place of Business

205 LAGO CIRCLE

3. Mailing Address

205 LAGO CIRCLE

Suite, Apt. #, etc.

#302

Suite, Apt. #, etc.

#302

City & State

MELBOURNE

City & State

MELBOURNE

Zip

FL

Country

BREVARD

Zip

FL

Country

BREVARD

4. FEI Number

56-2224922

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HAIR, STEWART
205 LAGO CIRCLE STE. #302
MELBOURNE FL 32904**

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

Stewart Hair

4-16-2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT** ☐ Delete
NAME **CHARLES C. CONOLY**
STREET ADDRESS **3241 BRENTWOOD LANE**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **RICHARD M. RAY**
STREET ADDRESS **2108 DEBORAH DRIVE**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **CONTROLLER/SECRETARY** ☐ Delete
NAME **STEWART HAIR**
STREET ADDRESS **205 LAGO CIRCLE #302**
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Stewart Hair STEWART HAIR

4/16/2003

321 951-0089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)