

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L26047

1. Entity Name

RAY GRAPHICS, INC.

Principal Place of Business

Mailing Address

4204 HAMMOND DR NE  
WINTER HAVEN FL 33881

4204 HAMMOND DR NE  
WINTER HAVEN FL 33881-9537

2. Principal Place of Business

3. Mailing Address

1895 W. Executive Rd

1895 W. Executive Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven FL

City & State

Winter Haven FL

Zip

33884

Country

Polk

Zip

33884

Country

Polk

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMMERLIN, ROY C  
146 AVE B NW  
WINTER HAVEN FL 33881

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, 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 DP ☐ Delete  
NAME MORROW, CAROL J  
STREET ADDRESS 264 LAKE LINK RD  
CITY-ST-ZIP WINTER HAVEN FL

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

TITLE DV ☐ Delete  
NAME SNIVELY, KIMBER LEE  
STREET ADDRESS 3518 COUNTRY CLUB ROAD NORTH  
CITY-ST-ZIP WINTER HAVEN FL 33881

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

TITLE ST ☐ Delete  
NAME MORROW, RONALD A  
STREET ADDRESS 264 LAKE LINK ROAD  
CITY-ST-ZIP WINTER HAVEN FL 33884

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: CAROL J MORROW Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90804 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2983849 ☐ Applied For ☐ Not Applicable

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

CR2E034 (9/99)