

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L26047

1. Entity Name

RAY GRAPHICS, INC.

Principal Place of Business

1895 W EXECUTIVE RD
WINTER HAVEN FL 33884

Mailing Address

1895 W EXECUTIVE RD
WINTER HAVEN FL 33884

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2983849

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

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, 2001 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 DST ☒ Change ☐ Addition
NAME SNIVELY, KIMBER LEE
STREET ADDRESS 3518 COUNTRY CLUB RD NORTH
CITY-ST-ZIP WINTER HAVEN FL 33881

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 ~~Debra Lee Garbrecht~~ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE LISA Lee Phillips ☐ Change ☒ Addition
NAME
STREET ADDRESS 4 BRIDGEWATER
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ~~Debra Lee Garbrecht~~ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME DEBRA LEE GARBRECHT
STREET ADDRESS PO Box 1677
CITY-ST-ZIP Islamorada FL 33036

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:

Ronald A. Morrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD A. MORROW VP, D

4/30/01 863-325-0911
Date Daytime Phone #

CR2E034 (10/00)

0352072