

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90859 030 ***150.00

DOCUMENT # 226047

1. Entity Name

RAYGraphics INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1895 W. Executive Rd

3. Mailing Address

SAME

Suite, Apt. #, etc.

NA

Suite, Apt. #, etc.

SAME

City & State

Winter HAVEN FL

City & State

SAME

4. FEI Number

59-2983849

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Ronald A Morrow

Street Address (P.O. Box Number is Not Acceptable)

264 LAKE LINK Road

City

Winter HAVEN

FL

Zip Code

33884

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.

SIGNATURE

Ronald A Morrow

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

(NOTE: Registered Agent signature required when reinstating)

3-30-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President / Director</u> <u>CAROL J. MORROW</u> <u>264 LAKE LINK Road</u> <u>Winter HAVEN FL 33884</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President / Director</u> <u>Ronald A Morrow</u> <u>264 LAKE LINK Road</u> <u>Winter HAVEN</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sec / Treas / Director</u> <u>Kimber Lee SNIVELY</u> <u>3518 Country Club Road North</u> <u>Winter HAVEN FL 33881</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Lisa Lee Phillips</u> <u>4 Bridge Water</u> <u>Winter HAVEN FL 33884</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Debra Lee Garbrecht</u> <u>P.O. Box 1677</u> <u>ISLAMORADA FL 33036</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol J Morrow Pres 3/30/02 863-3250911

Date

Daytime Phone #

CR2E034B (12/01)