

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90459 036 ***150.00

0512019 AV

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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORROW, RONALD A
264 LAKE LINK ROAD
WINTER HAVEN FL 33884**

Name **Ronald A Morrow**

Street Address (P.O. Box Number is Not Acceptable)
1776 6th St N.W #510

City **Winter Haven**

FL

Zip Code **33881**

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 *Ronald A Morrow*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/15/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **MORROW, CAROL J**
STREET ADDRESS **264 LAKE LINK RD**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **PD**
NAME **morrow, CAROL J**
STREET ADDRESS **1776 6th St NW #510**
CITY-ST-ZIP **Winter Haven FL 33881**
☒ Change ☐ Addition

TITLE **STD**
NAME **SNIVELY, KIMBERLEE**
STREET ADDRESS **3518 COUNTRY CLUB ROAD NORTH**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

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

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

TITLE **VPD**
NAME **Morrow Ronald A**
STREET ADDRESS **1776 6th St NW #510**
CITY-ST-ZIP **Winter Haven FL 33881**
☒ Change ☐ Addition

TITLE **D**
NAME **PHILLIPS, LISA LEE**
STREET ADDRESS **4 BRIDGEWATER**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

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

TITLE **D**
NAME **GARBRECHT, DEBRA LEE**
STREET ADDRESS **PO BOX 1677**
CITY-ST-ZIP **ISLAMORADA FL 33036**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

DATE **4/15/03**

DAYTIME PHONE # **863 299 1033**

CR2E034 (10/02)