## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 05, 2002 8:00 am Secretary of State DOCUMENT # L39039 1. Entity Name 03-05-2002 90084 003 \*\*\*150.00 RAYMOW ENTERPRISES, INC. Principal Place of Business Mailing Address 101 DUNBAR AVE 101 DUNBAR AVE SUITE G OLDSMAR FL 34677 OLDSMAR FL 34677 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2982473 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRADLEY, RAYMOND G. 242 WINDING WILLOW DR. PALM HARBOR FL 34683 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. President mond G. Bradley, Ray mond G. CR2E034 (9/01) TITLE ☐ Delete TITLE NAME 19314 Pine biley Drive NAME BRADLEY, RAYMOND G. STREET ADDRESS 242 WINDING WILLOW DR STREET ADDRESS Odessa, Pl 33554 CITY-ST-ZIP CITY-ST-ZIR PALM HARBOR FL Vice President ☐ Addition Change ☐ Delete TITLE TITLE Bradley, Edgar J. 1330 Glenside Avenue NAME Bradley, Edgar J. Jr. STREET ADDRESS STREET ADDRESS 242 WINDING WILLOW DR Palm Harbor, FL 34683 CITY-ST-ZIP CITY-ST-7IP PALM HARBOR FL \_\_ Change \_TITLE\_ Detete 💷 🧓 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED