

# 2000 UNIFORM BUSINESS REPORT (UBR)

AND  
FILED

00 JUN -5 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT #** L99000009281

**1. Entity Name**  
RAYMOND & JOYCELYN, L.L.C.

**Principal Place of Business** 3015 Ridge Vale Cir  
VALRICO, FL 33594

**Mailing Address** 3015 Ridge Vale Cir  
VALRICO, FL 33594

**2. Principal Place of Business** Suite, Apt. #, etc.  
**3. Mailing Address** Suite, Apt. #, etc.

**City & State** **City & State**

**Zip** **Country** **Zip** **Country**

**4. FEI Number** 65-6323480 **Applied For** ☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

Sheely, Raymond  
3015 Ridge Vale Circle  
VALRICO, FL 33594

**7. Name and Address of New Registered Agent**

**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** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

<b>TITLE</b>	Member	<input type="checkbox"/> Delete
<b>NAME</b>	Raymond Sheely	MGRM
<b>STREET ADDRESS</b>	3015 Ridge Vale Circle	
<b>CITY-ST-ZIP</b>	VALRICO, FL 33594	
<b>TITLE</b>	Member	<input type="checkbox"/> Delete
<b>NAME</b>	Joycelyn A. Sheely	MGRM
<b>STREET ADDRESS</b>	3015 Ridge Vale Circle	
<b>CITY-ST-ZIP</b>	VALRICO, FL 33594	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**10. ADDITIONS/CHANGES**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER** **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E083 (11/99)