## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED **DOCUMENT # M80147** Jun 02, 2000 8:00 am **Secretary of State** RAYDON ENGINEERING AND TECHNICAL SERVICES CORPOR 06-02-2000 90005 019 \*\*\*550.00 Principal Place of Business Mailing Address 1800 INT'L SPEEDWAY BLVD. 1800 W INT'L SPEEDWAY BLVD. BLDG. 2 STE. A BLDG 2 STE A DAYTONA BCH FL 32114 DAYTONA BCH FL 32114 2. Principal Place of Business 3. Mailing Address Fentress Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-2891299 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONOVAN, DAVID P. Street Address (P.O. Box Number is Not Acceptable) 125 BROOKSIDE DRIVE DAYTONA BEACH FL 32124 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 \$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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition TITLE ☐ Delete TITLE NAME HOCKNEY, RAYMOND E. MAME STREET ADDRESS STREET ADDRESS 1406 KERRY CT. CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL Addition ☐ Delete ☐ Change TITLE NAME ARIEL, DONALD K. STREET ADDRESS STREET ADDRESS **688 BRECKENRIDGE DRIVE** CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL ☐ Delete – Addition TITLE ·D · -- -- -- --TITLE DONOVAN, DAVID P. NAME NAME STREET ADDRESS STREET ADDRESS 125 BROOKSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP <u>Daytona Beach F</u> ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Delete ☐ Addition TITLE 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 truetee 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 attacl ress, with all other like empowered.