

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000351

1. Entity Name

RATTRAY ECONOMIC DEVELOPMENT, INC.

Principal Place of Business

340 NW 3RD AVENUE
DEERFIELD BEACH FL 33441

Mailing Address

340 NW 3RD AVENUE
DEERFIELD BEACH FL 33441

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 31-1631498

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

RATTRAY, PAMELA
340 NW 3RD AVENUE
DEERFIELD BEACH FL 33441

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 \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RATTRAY, PAMELA
STREET ADDRESS 340 NW 3RD AVENUE
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

TITLE SD
NAME ROBINSON, VANETTA
STREET ADDRESS 340 NW 3RD AVENUE
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

TITLE TD
NAME TIMMS, SEAN DAVID
STREET ADDRESS 340 NW 3RD AVENUE
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

TITLE BM
NAME SHANKS, JUANITA A
STREET ADDRESS 5512 NW 15TH AVE
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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 617, 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:

[Signature]

July 15 2001 954-481-9977

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90014 001 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)