

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90138 037 ***150.00

DOCUMENT # P00000000586

1. Entity Name
RAYMER CORPORATION

Principal Place of Business C/O RICHARD W. WINESETT. ESQ. 2248 FIRST ST FT MYERS FL 33901	Mailing Address C/O RICHARD W. WINESETT. ESQ. 2248 FIRST ST FT MYERS FL 33901
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2. Principal Place of Business 5361 Staley RD Suite, Apt. #, etc.	3. Mailing Address 5361 Staley RD Suite, Apt. #, etc.
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City & State FT MYERS FL	City & State FT MYERS FL	4. FEI Number 65-0969659	Applied For <input type="checkbox"/> Not Applicable
Zip 33905	Country USA	Zip 33905	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WINESETT, RICHARD W 2248 FIRST ST FT MYERS FL 33901		7. Name and Address of New Registered Agent Name: R.C. EWING Street Address (P.O. Box Number is Not Acceptable): 5361 STALEY RD City: FT MYERS FL Zip Code: 33905	
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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: *R.C. Ewing* (NOTE: Registered Agent signature required when reinstating) DATE: 4-26-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EWING, R.C. 5361 STALEY RD FT-MYERS-FL-33905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST EWING, R.C. 5361 STALEY RD FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *R.C. Ewing* **REQUIRED** DATE: 4-26-00 941 694-6040
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
R. C. Ewing, President

CR2E034 (9/99)