

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000002563**1. Entity Name
FIRST RAYZ, INCORPORATED

Principal Place of Business 4300 4TH STREET NORTH STE B ST PETERSBURG FL 33703	Mailing Address 4300 4TH STREET NORTH STE B ST PETERSBURG FL 33703
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2. Principal Place of Business 4300 4TH STREET NORTH	3. Mailing Address 4300 4TH STREET NORTH
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Suite, Apt. #, etc. STE B	Suite, Apt. #, etc. STE B
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City & State ST PETERSBURG FL	City & State ST PETERSBURG FL
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Zip 33703	Country	Zip 33703	Country
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4. FEI Number 59-3622233	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MCDONOUGH JAMES**
4300 4TH STREET NORTH STE B

ST PETERSBURG FL 33703**7. Name and Address of New Registered Agent**Name
MCDONOUGH JAMES T
Street Address (P.O. Box Number is Not Acceptable)
4300 4TH STREET NORTH

STE B
City
ST PETERSBURG FL Zip Code
33703

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 **JAMES T MCDONOUGH**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/26/2001

DATE

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, 2001 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONOUGH JAMES 4300 4TH STREET NORTH STE B ST PETERSBURG FL 33703	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: James T McDonough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D

07/26/2001

Date

Daytime Phone #

CR2E034 (11/00)