

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026313

1. Entity Name
RAY CHILDERS AGENCY, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90061 023 ***150.00

Principal Place of Business
4300 KINGS HWY B-13
CHARLOTTE HARBOR FL 33980

Mailing Address
4300 KINGS HWY B-13
CHARLOTTE HARBOR FL 33980

C0045979



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3280 Tamiami Tr 54B

Suite, Apt. #, etc.

519 Border St

City & State

Port Charlotte FL

City & State

Port Charlotte FL

4. FEI Number

65-0995111

Applied For

Not Applicable

Zip

33952

Country

USA

Zip

33953

Country

USA

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

CHILDERS, IRA RAY
4300 KINGS HWY B-13
CHARLOTTE HARBOR FL 33980

Name

IRA RAY Childers

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

519 Border St

City

Port Charlotte

FL

Zip Code

33953

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 *Ira Ray Childers*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-8-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS CHILDERS, IRA RAY
CITY-ST-ZIP 4300 KINGS HWY B-13
CHARLOTTE HARBOR FL 33980

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 519 Border Street
CITY-ST-ZIP Port Charlotte, FL 33953

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: *Ira Ray Childers President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)