2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

519 BORDER STREET

DOCUMENT # P0000026313

1. Entity Name

Principal Place of Business

3280 TAMIAMI TR ST B

RAY CHILDERS AGENCY, INC.



FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90128 011 ***150.00

Sute, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES	PORT CHARLOTTE FL 33952			PORT CHARLOTTE FL 33953							
City & State City & State Country Zip Country A, Fel Number 65-0985111 Sectional Personal Address of Current Registered Agent Sectional Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) FL Zip Country Street Address (P.O. Box Number is Not Acceptable) FL Zip Code FL Zip Code FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Zip Code	2. Principal Place of Business			3. Mailing Address							
Zip Country Zip Country 5. Country 6. Name and Address of New Registered Agent 5. Name 6. Nam	Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
Zp Country Zp Country	City & Stat	te	-	City & State			4.	FEI Number 65-0995111			
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SIGNATURE Signature of incidented agent and title if applicable. (NOTE: Registered Agent agrature required when reinestating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME CHILDERS, IRA RAY 518 BORDER ST CITY-S1-2P PORT CHARLOTTE FL 33953 Delete IIILE NAME STREET ADDRESS CITY-S1-2P Addition NAME ADDITIONS/CHANGES TO OFFICERS ADDRESS CITY-S1-2P Addition ADDITIONS/CHANGES TO OFFICERS ADDRES	roni on	ANLOTTE	L 00300			City			FL	Zip Cod	e
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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 607, 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 AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03

Daytime Phone #

R2E034 (10/02)