

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90182 040 \*\*\*150.00

**DOCUMENT #** P00000044172

**1. Entity Name**  
KEVIN RAY, INC.



**Principal Place of Business**  
91 BERMUDA ROAD  
MARCO ISLAND FL 34145

**Mailing Address**  
91 BERMUDA ROAD  
MARCO ISLAND FL 34145



**2. Principal Place of Business**  
19 Bald Eagle Ave  
Suite, Apt. #, etc.  
Ste. B

**3. Mailing Address**  
19 Bald Eagle Ave  
Suite, Apt. #, etc.  
Ste. B

☒ CHECK HERE IF MAKING CHANGES

**City & State**  
Marco Island, FL  
**Zip**  
34145  
**Country**  
USA

**City & State**  
Marco Island, FL  
**Zip**  
34145  
**Country**  
U.S.A.

**4. FEI Number** 65-1002072

**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

RAY, KEVIN  
91 BERMUDA ROAD  
MARCO ISLAND FL 34145

**7. Name and Address of New Registered Agent**

**Name** Same - Ray, Kevin  
**Street Address (P.O. Box Number is Not Acceptable)** 19 Bald Eagle Ave  
**Ste. B**  
**City** Marco Island **FL** **Zip Code** 34145

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** Kevin L. Ray *Kevin L. Ray* **DATE** 7 Feb 03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	RAY, KEVIN	
<b>STREET ADDRESS</b>	91 BERMUDA ROAD	
<b>CITY-ST-ZIP</b>	MARCO ISLAND FL 34145	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	Ray, Kevin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	19 Bald Eagle Ave Ste. B	
<b>STREET ADDRESS</b>	Marco Island, FL 34145	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *Kevin L. Ray* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**DATE** 7 Feb 03 **DAYTIME PHONE #** 239-394-4111

CR2E034 (10/02)