## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

## Mar 22, 2002 8:00 am Secretary of State DOCUMENT # P00000054581 1. Entity Name 03-22-2002 90018 046 \*\*\*150.00 RAY DELANEY, INC. Principal Place of Business Mailing Address 763 SIESTA DRIVE 763 SIESTA DRIVE DOGZOTAA SARASOTA FL 34242-1051 SARASOTA FL 34242-1051 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1009841 Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DELANEY, RAYMOND E Street Address (P.O. Box Number is Not Acceptable) **763 SIESTA DRIVE** SARASOTA FL 34242-1051 Zip Code FL 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 GUED WROW LINE R.D. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 ☐ Change ☐ Addition T∲LE ☐ Delete TITLE NAME NAME DELANEY, RAYMOND E STREET ADDRESS STREET ADDRESS 763 SIESTA DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242-1051 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

FILED