## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P00000097934

1. Entity Name



**FILED** May 09, 2003 8:00 am Secretary of State

05-09-2003 90145 045 \*\*\*150.00

RAYGAUI	DET, INC.	· · · · · · · · · · · · · · · · · · ·						
4330 NW 12	ce of Business TERRACE EACH FL 33064	Mailing Address 4330 NW 12 TERRACE POMPANO BEACH FL 33084						
2. Principal f	Place of Business	3. Mailing Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.			CHECK HERE	IF MAKING	CHANGES	;
City & State		City & State			4. FEI Number 65-1048029 Applied For			
Zip	Country	Zip	Country		5. Certificate of Status Desired		\$8.75 Ad	ot Applicable
	6. Name and Address of Currer	d Bardata and A and a second					Fee Require	d
<del></del>	O. Name and Address of Curren	it registereo Agent	Name		7. Name and Address of New F	egastered /	Agent .	<del></del>
GAUDET, JOSEPH G			Street Add	tress (PC	). Box Number is Not Acceptable	<u></u> .		
4330 NW	12 TERRACE	-	SS COT AGE	J. 1) 800 K		") ——-—		
POMPANO	D BEACH FL 33064							
		•	City		<del></del>	FL	Zip Cod	е
	e named entity submits this statement	for the purpose of changing its re	gistered office or re	gistered	agent, or both, in the State of Flo	orida. I am i	familiar with,	and accept
the obliga	tions of registered agent.							
SIGNATURE	Signature, typed or printed name of registered age	and this Manufacture (NOT)				DATE		
	THE PROPERTY OF THE	TE and the if approache. (NOTE: )	Registered Agent signature	18dmed MM	an renatzong)	DATE		
After Make Check Ed.					Blaction Campaign Fir Trust Fund Contribution		\$5.0 Added	May Be to Fees
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
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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 1.1. changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #