

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90223 034 \*\*\*150.00

**DOCUMENT # P01000011413**

**1. Entity Name**  
**RAYFIELD TRADING CORPORATION**

**Principal Place of Business**

**400 N. TAMPA STREET**  
**SUITE 2300**  
**TAMPA FL 33602**

**Mailing Address**

**400 N. TAMPA STREET**  
**SUITE 2300**  
**TAMPA FL 33602**

**2. Principal Place of Business**

**2717 ADAMO DR**

Suite, Apt. #, etc.

**3. Mailing Address**

**2717 ADAMO DR**

Suite, Apt. #, etc.

**City & State**

**TAMPA FL**

**City & State**

**TAMPA FL**

**4. FEI Number**

**59-3694731**

**Applied For**

**Not Applicable**

**Zip**

**33605**

**Country**

**HILLSBORO**

**Zip**

**33605**

**Country**

**HILLSBORO**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

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

**GOODWIN, JAMES W**  
**400 N. TAMPA STREET**  
**SUITE 2300**  
**TAMPA FL 33602**

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

**Name BENJAMIN S. RAYFIELD**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**2717 ADAMO DR**  
**City TAMPA FL Zip Code 33605**

**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 BENJAMIN RAYFIELD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/25/02**

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, 2002 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**

**TITLE PRESIDENT** ☐ Delete  
**NAME BENJAMIN RAYFIELD**  
**STREET ADDRESS 2717 ADAMO DR.**  
**CITY-ST-ZIP TAMPA FL 33605**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE PRESIDENT** ☒ Change ☐ Addition  
**NAME BENJAMIN RAYFIELD**  
**STREET ADDRESS 2717 ADAMO DR.**  
**CITY-ST-ZIP TAMPA FL 33605**

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

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

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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)