

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90067 008 ***150.00

DOCUMENT # P02000078534

1. Entity Name
C. RAY ACCOUNTING, INC.



Principal Place of Business
**230 DONEGAL AVENUE
LAKE MARY FL 32746**

Mailing Address
**230 DONEGAL AVENUE
LAKE MARY FL 32746**

2. Principal Place of Business

P.O. Box 953263

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 953263

Suite, Apt. #, etc.

City & State

Lake Mary FL

City & State

Lake Mary FL

Zip

32795

Country

USA

Zip

32795

Country

USA

4. FEI Number

16-1616459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ULRICH, COLLEEN R
230 DONEGAL AVENUE
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ULRICH, COLLEEN R	
STREET ADDRESS	230 DONEGAL AVENUE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JONES, ERIC D	
STREET ADDRESS	230 DONEGAL AVENUE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	V.P. Ulrich, Rachel	<input type="checkbox"/> Delete
NAME	Ulrich, Rachel	
STREET ADDRESS	230 Donegal Avenue	
CITY-ST-ZIP	Lake Mary FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Colleen R. Ulrich 3/24/03 407-321-7527

Date

Daytime Phone #

CR2E034 (10/02)