

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

FILED
Jul 18, 2003 8:00 am
Secretary of State

01-23-2003 90181 023 ***150.00

DOCUMENT # P02000095069

1. Entity Name
RAY'S AUTOMOTIVE SERVICE ENTERPRISES INC.



Principal Place of Business
**107 N. LONGWOOD AVENUE
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**107 N. LONGWOOD AVENUE
ALTAMONTE SPRINGS FL 32701**

55051587



2. Principal Place of Business
1055 Nursery Rd

3. Mailing Address
1055 Nursery Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 105

Suite 105

City & State

City & State

Winter Springs

Winter Springs

Zip

Country

Zip

Country

32708

32708

4. FEI Number

56-2311841

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

7. Name and Address of New Registered Agent

**DOMINGEZ, RAYDER
107 N. LONGWOOD AVENUE
ALTAMONTE SPRINGS FL 32701**

Name
Rayder Domingez

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

1055 Nursery Rd. #105

City

Winter Springs

FL

Zip Code

32708

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 **Rayder Domingez (PRESIDENT)**
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07-11-03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **DOMINGEZ, RAYDER**
STREET ADDRESS **107 N. LONGWOOD AVENUE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **D** ☒ Change ☐ Addition
NAME **Rayder Domingez**
STREET ADDRESS **1055 Nursery RD. Suite 105**
CITY-ST-ZIP **Winter Springs, 32708** ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-03 (407) 388-7762

Date

Daytime Phone #

CR2E034 (4/03)