

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

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90203 026 ***150.00

DOCUMENT # P03000118723

1. Entity Name

RAY M. Williamson Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7505 Kathleen Rd

Suite, Apt. #, etc.

3. Mailing Address

7505 Kathleen Rd

Suite, Apt. #, etc.

City & State

Lakeland Florida

Zip

33810

Country

U.S

City & State

Lakeland, Florida

Zip

33810

Country

U.S

4. FEI Number

81-0637775

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ray M. Williamson III

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

7505 Kathleen Rd

City

Lakeland

FL

Zip Code

33810

**DO NOT WRITE
IN THIS SPACE**

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]

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4-20-04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<u>Directors</u>
NAME	<u>Ray M. Williamson III</u>
STREET ADDRESS	<u>7505 Kathleen Rd</u>
CITY-ST-ZIP	<u>Lakeland, FL 33810</u>
TITLE	Ray M. Williamson III
NAME	Ray M. Williamson III
STREET ADDRESS	7505 Kathleen Rd
CITY-ST-ZIP	Lakeland, FL 33810
TITLE	<u>Directors</u>
NAME	<u>Joseph Williamson</u>
STREET ADDRESS	<u>7505 Kathleen Rd</u>
CITY-ST-ZIP	<u>Lakeland, FL 33810</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04 (813)859-4180

Date

Daytime Phone #

CR2E034B (12/02)