

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90066 012 \*\*\*150.00

DOCUMENT # P36405

1. Entity Name  
TRU-CHECK METER SERVICE, INC.

Principal Place of Business

P.O. BOX 253  
SOMERSET KY 42502

Mailing Address

P.O. BOX 253  
SOMERSET KY 42502

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 61-1091134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAY, SHIRLEY F.

~~5207 S. ATLANTIC AVE.~~

~~APT. 221~~

~~NEW SMYRNA BCH. FL 32169~~

Name

Shirley F Ray

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

32 Fairway Ct  
South Hill St

City

DELAND

FL

Zip Code

32724

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

*Shirley F. Ray*

Shirley F. Ray

2-1-01

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS RAY, WILLIAM G.  
CITY-ST-ZIP EAGLES NEST  
SOMERSET KY

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

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS RAY, ROBERT M.  
CITY-ST-ZIP DOGWOOD CT  
SOMERSET KY

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

TITLE ☐ Delete  
NAME DS  
STREET ADDRESS RAY, GERALD D.  
CITY-ST-ZIP UNIVERSITY DR.  
SOMERSET KY

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

*Robert M. Ray*

Robert M. Ray, President

Date

1/31/01

606+678-7307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)