

2001 UNIFORM BUSINESS REPORT-(UBR)**FILED****Mar 20, 2001 8:00 am**
Secretary of State

03-20-2001 90006 003 ***158.75

DOCUMENT # P93000087061

1. Entity Name

RAY WOODS, INC.

Principal Place of Business

**19215 LAZY LANE
TAMPA FL 33614
US**

Mailing Address

**19215 LAZY LANE
TAMPA FL 33614
US**

2. Principal Place of Business

9420 LAZY LANE

Suite, Apt. #, etc.

B-18

City & State

Tampa FL

Zip

33614

Country

Hillsp.

3. Mailing Address

9420 LAZY LANE

Suite, Apt. #, etc.

B-18

City & State

Tampa FL

Zip

33614

Country

Hillsp.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3214970

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOODS, RAY
200 87TH AVE. N.
ST PETERSBURG FL 33704**

7. Name and Address of New Registered Agent

Name

Woods, Raymond A.

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

200 87th Ave. N

City

St. Petersburg

FL

Zip Code

33704

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 **Raymond A. Woods**

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

TITLE **P** **Raymond** ☐ Delete
NAME **WOODS, RAY A**
STREET ADDRESS **9215 LAZY LANE**
CITY-ST-ZIP **TAMPA FL 33614**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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 OR DIRECTOR

03-15-01 (813) 931-1201

Date

Daytime Phone #

CR2E034 (10/00)