

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90049 025 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000023575			
1. Entity Name RAYCON CONSTRUCTION & LEASING, INC.			
Principal Place of Business 9945 -66 ST. N. STE A PINELLAS PARK FL 33782 US		Mailing Address 9945 -66 ST. N. STE A PINELLAS PARK FL 33782 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3235625		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MC GEEHAN, CORNELIUS J. J 710-46TH STREET SOUTH SUITE 1406 ST. PETERSBURG FL 33711		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. SIGNATURE: _____ (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. <input type="checkbox"/> (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MC GEEHAN, CORNELIUS J. J 26 BLUE HERON N. PORT RICHEY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP McGeehan, Joseph F. 11613 Oak Lane Largo, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST 3CONGLIARO, DINA M 14141 -83RD PL. N. SEMINOLE FL 33782	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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

Date

Daytime Phone #