

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90185 044 ***150.00

DOCUMENT # **P94000076437**

1. Entity Name
RAYNOR INVESTMENTS, INC.



Principal Place of Business
3364 TIMBERWOOD CIRCLE
NAPLES FL 34105-5609
US

Mailing Address
3364 TIMBERWOOD CIRCLE
NAPLES FL 34105-5609
US



2. Principal Place of Business

7131 BLUE JUNIPER CT

3. Mailing Address

Suite, Apt. #, etc.
U-102

City & State

NAPLES, FL.

Zip
34109

Country
COLLIER

Zip

Country

4. FEI Number
65-0552977

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, MARYLOU RONDON
890 S. DIXIE HIGHWAY
CORAL GABLES FL 33146

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|--|
| TITLE | NAME STREET ADDRESS CITY-ST-ZIP | TITLE | NAME STREET ADDRESS CITY-ST-ZIP |
| | PD ALONZO, RAYMOND A 3364 TIMBERWOOD CIR NAPLES FL 34105 | | 7131 BLUE JUNIPER CT U-102 NAPLES, FL 34109 |
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CR2E034 (10/02)

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:

Raymond Alonzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond Alonzo

Date

Daytime Phone #

305-389-9303

1/12/03