

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90364 031 \*\*\*150.00

067297 MR

**DOCUMENT # P95000084626**

1. Entity Name  
**C RAY INVESTMENTS, INC.**



Principal Place of Business  
**1154 ALFONSO AVE.  
CORAL GABLES FL 33146  
US**

Mailing Address  
**200 SOUTH 23RD  
SUITE E1  
BOZEMAN MT 59715  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0615627**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**THOMSON, JOHN M  
THE LAW CENTER, SUITE ONE  
370 MINORCA AVE.  
CORAL GABLES FL 33134**

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	TITLE	NAME
PD	STINNETT, CHRISTOPHER C		
200 S 23RD SUITE E 1			
BOZEMAN MT			
VPD	STINNETT, MICHELE G		
200 S 23RD SUITE E 1			
BOZEMAN MT			
STD	STINNETT, RAYMOND C		
200 S 23RD SUITE E 1			
BOZEMAN MT			
D	STINNETT, THEA N.		
200 S. 23RD, SUITE E-1			
BOZEMAN MT			

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/03**  
Date

**215 598 0893**  
Daytime Phone #

CR2E034 (10/02)