

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073551

1. Entity Name

RAY FINANCIAL SERVICES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90203 041 ***150.00

Principal Place of Business

Mailing Address

509 S. ST. CLOUD
 VALRICO FL 33594

PO BOX 3370
 BRANDON FL 33509-3370

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 VALRICO FL.

4. FEI Number 59-3398234

Applied For
 Not Applicable

Zip

Country

Zip
 33595

Country

USA

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

YOUNG, CHARLES O
 509 S. ST. CLOUD
 VALRICO FL 33594

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

Charles O. Young *Owner* *2-28-2000*

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	YOUNG, CHARLES O	
STREET ADDRESS	509 S. ST. CLOUD	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	V	<input type="checkbox"/> Delete
NAME	YOUNG, JEANETTE L	
STREET ADDRESS	509 S. ST. CLOUD	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Charles O. Young*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-2000 *813*
661 8313

CR2E034 (9/99)