

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90671 009 ***150.00

DOCUMENT # P96000094818

1. Entity Name
L.T. RAY, INC.



Principal Place of Business
FAIRFIELD INN
2401 N. ROOSEVELT BLVD.
KEY WEST FL 33040

Mailing Address
P O BOX 5404
KEY WEST FL 33045



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2400 N. Roosevelt Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Key West FL

City & State

City & State
33040

Zip

Country
USA

Country

4. FEI Number **65-0708448**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

RAY, JEREMY
1311 7TH ST.
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name **Ray, Jeremy**
Street Address (P.O. Box Number is Not Acceptable)
2400 N. Roosevelt Blvd
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

TITLE **VPS**
NAME **TAYLOR LYNN**
STREET ADDRESS **321 JULIA ST.**
CITY-ST-ZIP **KEY WEST FL 33040**
☐ Delete

TITLE **President**
NAME **Jeremy Ray**
STREET ADDRESS **2400 N. Roosevelt, blvd.**
CITY-ST-ZIP **Key West FL 33040**
☒ Change ☐ Addition

TITLE **DPT**
NAME **RAY, JEREMY**
STREET ADDRESS **1311 7TH ST.**
CITY-ST-ZIP **KEY WEST FL 33040**
☐ Delete

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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

1-9-03 305-296-8007

Date

Daytime Phone #

CR2E034 (10/02)