## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P96000101430 **DOCUMENT#**

1. Entity Name



## **FILED** Mar 20, 2003 8:00 am Secretary of State

RAYBURN BUILDING, INC.							03-20-2003 9	0113 013	130.	.00
Principal Place of Business 6106 SEMINOLE BLVD SEMINOLE FL 33772			Mailing Address 6106 SEMINOLE BLVD SEMINOLE FL 33772			_	<b></b>			
Principal Place of Business     3. M			Mailing Address							
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e	City	City & State			4. FEI Nu	<sup>imber</sup> 59-3399264		- I	oplied For ot Applicable
Zip	Country		Zip Coui		ntry	5. Certificate of Status Desired		□ \$8.75 Additional Fee Required		
Name and Address of Current Registered Agent						7. Name	and Address of New Re	gistered A	jent	
		<del>-</del> -	<del></del>		=Name			<del></del>	~	
TWEDT, E	BLAKE				Stroot Address (	(PA) Boy No	mber is Not Acceptable)			
6106 SEM	NINOLE BLVD				Street Address (	(P.O. BOX NO	imber is not acceptable)			1
SEMINOLE FL 33772										
					City	<del></del>		FL	Zip Cod	e
	named entity submits this statemer ions of registered agent.	nt for the purp	pose of changing its i	register	ed office or register	red agent, or	r both, in the State of Flor	ida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if app	olicable. (NOTE:	: Registere	ed Agent signature required	d when reinstating	3)	DATE	<del></del>	<del></del>
· -			]			·	•			
FILE NOW!!! FEE IS \$150.00						9.	Election Campaign Fina	ancing	\$5.0	0 May Be
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							Trust Fund Contribution	. $\square$		to Fees
10. OFFICERS AND DIRECTORS 11.						ADDITIC	NS/CHANGES TO OFFIC	CERS AND I	DIBECTOR:	S IN 11
TITLE	Р	IND DIFFEOTO	☐ Delete	TITL		7,001110	NO OTHER		Change	Addition
NAME	TWEDT, BLAKE		₩ 50000	NAM	1					
STREET ADDRESS	6106 SEMINOLE BLVD			STRI	EET ADDRESS					
CITY-ST-ZIP	SEMINOLE FL 33772			CITY	'-ST-ZIP					J
TITLE	·		☐ Delete	TITL	E				☐ Change	Addition
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TITLE			☐ Delete	TITL	E				Change	Addition
NAME				NAM	IE					
STREET ADDRESS			-		EET ADDRESS					į
CITY-ST-ZIP		~		CITY	-ST-ZIP					
19 Lharahu d	eartify that the information europlied	with this filing	does not qualify for	the ave	motion stated in So	action 110 O	7(2)(i) Florida Statutos II	further earlif	v that tha ir	oformation

I hereby certify that the information supplied with this filling 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: