

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90002 009 ***150.00

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DOCUMENT # P97000015657

1. Entity Name
RAY WALL ASSOCIATES, INC.

Principal Place of Business
**1861 TRADE CENTER WAY
 NAPLES FL 34109**

Mailing Address
**1861 TRADE CENTER WAY
 NAPLES FL 34109**



2. Principal Place of Business
1447 RAILHEAD BLVD

3. Mailing Address
1447 RAILHEAD BLVD

Suite, Apt. #, etc.
#11

Suite, Apt. #, etc.
#11

DO NOT WRITE IN THIS SPACE

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number
59-3429627

Applied For
 Not Applicable

Zip
34110

Country
USA

Zip
34110

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

**WALL, RAYMOND
 9241 LAKE ABBY LANE
 #102
 BONITA SPRINGS FL 34134**

Name
WALL, RAYMOND
 Street Address (P.O. Box Number is Not Acceptable)
24849 PARADISE RD
 City
BONITA SPRINGS FL Zip Code
34135

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete WALL, RAYMOND 9241 LAKE ABBY LANE, #102 BONITA SPRINGS FL 34134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T <input type="checkbox"/> Delete BRETT, WAYNE G 9241 LAKE ABBY LANE # 102 BONITA SPRINGS FL 34135 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WALL, RAYMOND 24849 PARADISE Rd. BONITA SPRINGS, FL 34135 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BRETT WAYNE G 24849 PARADISE Rd. BONITA SPRINGS, FL 34135 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Raymond L. Wall **Raymond L. Wall** **941-405-0437**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)