

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90107 024 \*\*\*550.00

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**DOCUMENT # P97000056880**

1. Entity Name

**RALEIGH & ASSOCIATES, INC.**



Principal Place of Business  
**2 N TAMiami TRAIL #304**  
**SARASOTA FL 34236**

Mailing Address  
**2 N TAMiami TRAIL #304**  
**SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

**4914 Avon Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sarasota FL**

Zip

Country

**34236**

**Sarasota**

4. FEI Number **65-0764233**

Applied For

Not Applicable

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

**X** CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RALEIGH, JOHN J JR.**  
**4914 AVON LANE**  
**SARASOTA FL 34236**

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, type, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/20/03**

**FILE NOW!!! FEE IS \$550.00**

**After September 30, 2003 Fee will be \$750.00**

**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 | NAME                       | STREET ADDRESS | CITY-ST-ZIP | DELETE                   | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE                   | ADDITION                 |
|-------|----------------------------|----------------|-------------|--------------------------|-------|------|----------------|-------------|--------------------------|--------------------------|
|       | <b>D</b>                   |                |             | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       | <b>RALEIGH, JOHN J JR.</b> |                |             |                          |       |      |                |             |                          |                          |
|       | <b>4914 AVON LANE</b>      |                |             |                          |       |      |                |             |                          |                          |
|       | <b>SARASOTA FL 34236</b>   |                |             |                          |       |      |                |             |                          |                          |
|       |                            |                |             | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                            |                |             |                          |       |      |                |             |                          |                          |
|       |                            |                |             | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                            |                |             |                          |       |      |                |             |                          |                          |
|       |                            |                |             | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                            |                |             |                          |       |      |                |             |                          |                          |
|       |                            |                |             | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                            |                |             |                          |       |      |                |             |                          |                          |
|       |                            |                |             | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                            |                |             |                          |       |      |                |             |                          |                          |
|       |                            |                |             | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                            |                |             |                          |       |      |                |             |                          |                          |
|       |                            |                |             | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                            |                |             |                          |       |      |                |             |                          |                          |

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 JOHN J. RALEIGH JR.**

**8/20/03**

**941-906-9317**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)