

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**  
 07-17-2002 90113 006 \*\*\*150.00

**DOCUMENT # P99000002660**

1. Entity Name  
**RAY'S CABINET SPECIALTIES, INC.**

Principal Place of Business

**8838 JASMINE BLVD  
 PORT RICHEY FL 34668**

Mailing Address

**8838 JASMINE BLVD  
 PORT RICHEY FL 34668**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2157960**

Applied For

Not Applicable

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

**DELEON, RAYMOND CARL  
 8838 JASMINE BLVD  
 PORT RICHEY FL 34668**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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** ☐ Delete  
 NAME **DELEON, RAYMOND C**  
 STREET ADDRESS **8838 JASMINE BLVD**  
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment P990000002660  
120795

RAY'S CABINETS SPECIALTIES INC  
8838 JASMINE BLVD  
PORT RICHEY, FL 34668  
EIN # 52-2157960

JULY 8, 2002

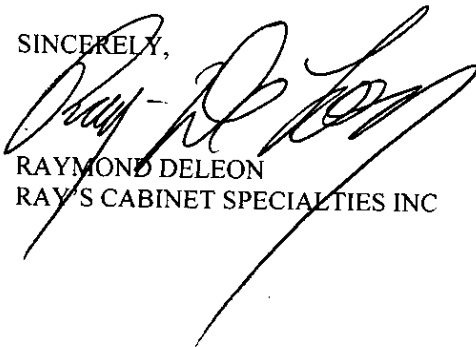
FLORIDA DEPARTMENT OF STATE

DEAR SIR OR MADAM

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I HAVE ENCLOSED A CHECK IN THE AMOUNT OF \$150.00. THIS IS FOR UNIFORM BUSINESS REPORT FOR 2002. AT THIS TIME I AM ASKING TO HAVE THE LATE FEE WAIVED, AS I NEVER RECEIVED A PRIOR REPORT. I WOULD APPRECIATE YOUR ATTENTION TO THIS MATTER.

SINCERELY,



RAYMOND DELEON  
RAY'S CABINET SPECIALTIES INC