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204-671-2590

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Feb 05, 2002 8:00 am P99000007543 DOCUMENT # **Secretary of State** 1. Entity Name 02-05-2002 90130 050 ***158.75 RAYBURN ENTERPRISES INC. Principal Place of Business Mailing Address 5228 TIMUQUANA RD 5228 TIMUQUANA RD JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address 224 GUN CLUB Rd 224 GUN CLUB RA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3553921 Acksonville TACKSOUVILLE Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 32218 32218 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAYBURN, JIMMIE RAYBURN, JIMMIE Street Address (P.O. Box Number is Not Acceptable) **5228 TIMUQUANA RD** JACKSONVILLE FL 32210 224 GUN CIUB Rd. LACKSONVILLE 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. gnature, typed or printed name of registered agery and title if applicable. (NOTE: Registered Agent signature required when reinstating) 1-19-02 FILE NOW!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. -OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE ☐ Addition RAYBURN, JIMMIE RAYBURN, JIMMIE NAME¹ NAME 224 GUN CIUB Rd. 5228 TIMEQUANA RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL. 32218 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete _ TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if