2003 FOR PROFIT CORPORATION

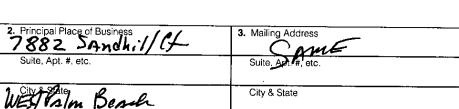
UNIFORM BUSINESS REPORT (UBR)

WEST PALM BEACH FL 33409

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90481 030 ***150.00

DOCUMENT # 1. Entity Name RAYLE, INC.	P99000010457	
Principal Place of Business 1033 NO CONGRESS AVE	Mailing Address 7882 SANDHILL CT.	



WEST PALM BEACH FL 33412



CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-0902250 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACOBSON, WAYNE 7882 SANDHILL CT. WEST PALM BEACH FL 33412 8. The above named e ofity submits this etatement for the purpose of changing its registered office registered agent, or both, in the State of Florida. iar with, and accept the obligations printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. = OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete PRESident TITLE TITLE Addition ☐ Change JACOBSON, WAYNE NAME COLORIA SACULOSON MAME 1882 SANdrill Ct. STREET ADDRESS 7882 SANDHILL COURT STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33412 CITY-ST-ZIP TITLE Delete TITLE **Change** ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

☐ Delete

Change

Change

☐ Addition

☐ Addition

(10/02)