


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90988 005 ***150.00

DOCUMENT # P99000016397
1. Entity Name
RAY WILLIAMSON INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3505 Tarponwoods Blvd
Suite, Apt. #, etc.
Q 406

3. Mailing Address
3505 Tarponwoods Blvd
Suite, Apt. #, etc.
Q 406

DO NOT WRITE IN THIS SPACE

City & State
Palm Harbor, FL.

City & State
Palm Harbor, FL.

Zip
34685

Country
U.S.

Zip
34685

Country
U.S.

4. FEI Number
59-3558275

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Raymond H Williamson

Street Address (P.O. Box Number is Not Acceptable)
3505 Tarponwoods Blvd

Q 406

City
Palm Harbor

FL Zip Code
34685

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 *Raymond H Williamson* **4/3/03**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Raymond H williamson P/V/T 3505 Tarponwoods Blvd Q 406 Palm Harbor, FL. 34685	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

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

SIGNATURE: *Raymond H Williamson* **4/3/03** **727-515-5170**
Signature and typed or printed name of signing officer or director Date Daytime Phone #