


**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 City & State Palm Harbor, FL. Zip 34685 Country U.S.	3. Mailing Address 3505 Tarponwoods Blvd Suite, Apt. #, etc. Q 406 City & State Palm Harbor, FL. Zip 34685 Country U.S.
---	---

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3558275	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 	DATE 4/3/03
--	-----------------------

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. <input type="checkbox"/> \$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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 	DATE 4/3/03	DAYTIME PHONE # 727-515-5170
--	-----------------------	--

CR2E034B (12/02)