

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90154 008 ***150.00

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DOCUMENT # P99000022357

1. Entity Name

RAY RUIZ MARINE FINANCIAL SERVICES, INC



Principal Place of Business

**2506 SUNRISE BLVD
FORT PIERCE FL 34982
US**

Mailing Address

**2506 SUNRISE BLVD
FORT PIERCE FL 34982
US**

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 **65-0909692**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SINGER, MARIA A
201 N. UNIVERSITY DR. STE. 114
PLANTATION FL 33324**

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

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RUIZ, RAMON L**
STREET ADDRESS **6564 RACQUET CLUB DR**
CITY-ST-ZIP **LAUDERHILL FL 33319**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 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 (4/03)

Attachment 80135993



Elizabeth A. Wilsman, P.A.

Certified Public Accountant

Member AICPA
Member FICPA

July 28, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32314

RE: Ray Ruiz Marine Financial Services, Inc. Corporate Annual Report
#P99000022357

Dear Sir or Madam:

Our office files the Corporation Annual Reports for Ray Ruiz Marine Financial Services, Inc. After our client received the second notice, we reviewed our files and found that the client never received the First Notice.

We are therefore enclosing the completed Corporation Annual Report, and a check for the amount of \$150.00. We respectfully request that you process this report as soon as possible.

We apologize for the inconvenience this may have caused your office and our client.

Sincerely,

Elizabeth A. Wilsman
Certified Public Accountant

Encl.

CC: Ray Ruiz