

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90220 007 \*\*\*150.00

**DOCUMENT # P99000024718**

1. Entity Name

**RAY'S AUTO TRIM, INC.**

Principal Place of Business

**2483 LINWOOD AVE  
NAPLES FL 34112**

Mailing Address

**2483 LINWOOD AVE  
NAPLES FL 34112-4729**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**HOY, PAUL JR  
2483 LINWOOD AVE  
NAPLES FL 34112**

4. FEI Number

**59-3564440**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11.

OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
HOY, PAUL JR  
2483 LINWOOD AVE  
NAPLES FL 34112**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**Cynthia Hoy  
2433 Linwood Ave  
Naples, FL 34112**

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 #

**2/22/00**

CR2E034 (9/99)