

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90002 042 ***150.00

DOCUMENT # P99000037204

1. Entity Name
CRAY CONSULTING, INC.

Principal Place of Business

2199 ASTOR ST. #202
ORANGE PARK FL 32073

Mailing Address

2199 ASTOR ST. #202
ORANGE PARK FL 32073

2. Principal Place of Business

785 CREIGHTON Road
 Suite, Apt. #, etc.

3. Mailing Address

785 CREIGHTON Road
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ORANGE PARK, FL

City & State
ORANGE PARK, FL

4. FEI Number 59-3570755

Applied For
Not Applicable

Zip
32003

Country

Zip
32003

Country

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

6. Name and Address of Current Registered Agent

WILLIAMS, GRADY H JR.
1279 KINGSLEY AVE. STE. 117
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

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

785 CREIGHTON Road
ORANGE PARK FL 32003

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RAULERSON, CHARLES R**
STREET ADDRESS **2199 ASTOR ST. #202**
CITY-ST-ZIP **ORANGE PARK FL 32073**

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

TITLE **D** ☐ Delete
NAME **RAULERSON, KATE C**
STREET ADDRESS **2199 ASTOR ST. #202**
CITY-ST-ZIP **ORANGE PARK FL 32073**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES R. RAULERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02 904-264-0440
Date Daytime Phone #

CR2E034 (9/01)