

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082795

1. Entity Name

Rays Electric, Inc.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90069 029 ***150.00

Principal Place of Business

*2011 W. 15th St.
Panama City, Florida
32405*

Mailing Address

*2011 W. 15th St.
Panama City, Florida
32405*

2. Principal Place of Business

*2011 W. 15th Street
Suite, Apt. #, etc.*

3. Mailing Address

*2011 W. 15th Street
Suite, Apt. #, etc.*

City & State

*Panama City Florida
Zip 32405 Country Bay*

City & State

*Panama City Florida
Zip 32405 Country Bay*

4. FEI Number

59-3607994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

*Ravon Broughton
3927 Vernona
Panama City, Florida
32405*

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	<input type="checkbox"/> Delete
NAME	<i>Ravon Broughton President</i>
STREET ADDRESS	<i>3927 Vernona</i>
CITY-ST-ZIP	<i>Panama City, Florida 32405</i>
TITLE	<input type="checkbox"/> Delete
NAME	<i>Ravon Broughton Treasurer</i>
STREET ADDRESS	<i>3927 Vernona</i>
CITY-ST-ZIP	<i>Panama City Florida</i>
TITLE	<input type="checkbox"/> Delete
NAME	<i>Wieland Henkle V. President</i>
STREET ADDRESS	<i>852 Premiere Dr.</i>
CITY-ST-ZIP	<i>Panama City Fl. 32401</i>
TITLE	<input type="checkbox"/> Delete
NAME	<i>Sharon Henkle Secretary</i>
STREET ADDRESS	<i>852 Premiere Dr.</i>
CITY-ST-ZIP	<i>Panama City Florida 32401</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)