

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

0355278

DOCUMENT # P99000088740

1. Entity Name

RAYGON ENTERPRISES, INC.

05-15-2001 90013 002 ***150.00

654599



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 16350 BRUCE B. DOWNS BLVD., #46303 16350 BRUCE B. DOWNS BLVD., #46303
 TAMPA FL 33647 TAMPA FL 33647

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3609153**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'BRIEN, VINCENT A
8903 REGENTS PARK DRIVE
SUITE 110
TAMPA FL 33647

Name **Paul Lange**
 Street Address (P.O. Box Number is Not Acceptable)
12850 Ransbrook
 City **Riverview** **FL** Zip Code **33569**

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 *Paul Lange* **Paul Lange** **Emp** **4/26/01**
 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, 2001 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 ☐ Delete
 NAME **PAO**
 STREET ADDRESS **GLIBA, NANCY**
 CITY-ST-ZIP **12850 RANSBROOK**
RIVerview FL 33529

TITLE ☒ Change ☐ Addition
 NAME **PAO**
 STREET ADDRESS **Guillen, Nancy**
 CITY-ST-ZIP **This is / has been correct last name**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Nancy Guillen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

813 672-2111
 Daytime Phone #

CR2E034 (1/0/00)