

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 12, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000091147**

1. Entity Name  
**RAY CRUMLEY & ASSOCIATES, INC.**

Principal Place of Business 4807-2 COACHMAN'S DR.  ORLANDO FL 32812	Mailing Address 4807-2 COACHMAN'S DR.  ORLANDO FL 32812
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2. Principal Place of Business 4807-2 COACHMAN'S DRIVE	3. Mailing Address 4807-2 COACHMAN'S DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL	City & State ORLANDO FL	4. FEI Number <b>59-3601779</b>	Applied For <input type="checkbox"/>
Zip 32812	Country	5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable

Zip 32812	Country	Zip 32812	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRUMLEY RAYMOND 4807-2 COACHMAN'S DR.  ORLANDO FL 32812		Name CRUMLEY RAYMOND	
		Street Address (P.O. Box Number is Not Acceptable) 4807-2 COACHMAN'S DRIVE	
		City ORLANDO	FL Zip Code 32812

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 \_\_\_\_\_ DATE **04/12/2000**

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: WENDIE J. CRUMLEY D 04/12/2000