

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **599853**

1. Entity Name

RAYGO, INC.

Principal Place of Business

Mailing Address

Rt. 6, 2770 Botts Landing Rd,
DeLand, FL 32720

Rt. 6, 2770 Botts
Landing Road
DeLand, FL 32720

2. Principal Place of Business

3. Mailing Address

1725 Mercer's Fernery Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DeLand, FL

Zip

Country

32720

Country

USA

4. FEI Number

59-3110771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Raymond L. Goudy
Rt. 6, 2770 Botts Landing Road
DeLand, FL 32720

7. Name and Address of New Registered Agent

Name **James T. Sieg**
Street Address (P.O. Box Number is Not Acceptable)
1725 Mercer's Fernery Road

City **DeLand**

FL

Zip Code
32720

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

 **James T. Sieg**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5 24 01

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

TITLE **President & Director** ☒ Delete
NAME **Raymond L. Goudy**
STREET ADDRESS **Rt. 6, 2770 Botts Landing Road**
CITY-ST-ZIP **DeLand, FL 32720**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President & Director** ☒ Change ☐ Addition
NAME **James T. Sieg**
STREET ADDRESS **1725 Mercer's Fernery Road**
CITY-ST-ZIP **DeLand, FL 32720**

TITLE ☐ Change ☐ Addition
NAME **100004440131--2**
STREET ADDRESS **-06/26/01--01002--019**
CITY-ST-ZIP *******61.00 *****61.00**

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

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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James T. Sieg

Date

Daytime Phone #

5 24 01

CR2E034 (11/00)

Amended

FILED

01 JUN -6 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA