

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90652 043 ***150.00

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DOCUMENT # V15363

1. Entity Name
PETE & RAY, INC.

Principal Place of Business
15451 NW 50 AVE
TRENTON FL 32693
US

Mailing Address
1935 S.E. HWY. 19
CRYSTAL RIVER FL 34429
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1935 S.E. Hwy 19

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
CRYSTAL RIVER

City & State
 City & State

Zip
34429

Country
CITRUS

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

4. FEI Number
59-3102450

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BUSSARD, BARBARA
15451 NW 50 AVE
TRENTON FL 32693

7. Name and Address of New Registered Agent

Name
Ray BASS

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

City
CRYSTAL RIVER FL

Zip Code
34429

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 **Ray BASS** *Ray Bass Sec.* **4-23-02**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	BUSSARD, BARBARA	15451 NW 50 AVE	TRENTON FL	<input checked="" type="checkbox"/>
P	OWENS, ED	4435 ORANGE AVE. PT.	CRYSTAL RIVER FL 34428	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	SEC Ray BASS	490 HOUNGLASS TERR	CRYSTAL RIVER FL 34429	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Ray BASS** *Ray Bass Sec.* **4-9-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)