

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90029 039 \*\*\*150.00

**DOCUMENT #** V 26537

**1. Entity Name**  
Ray Way Enterprises, Inc.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> <u>P.O. Box 100240</u> <small>Suite, Apt. #, etc.</small>	<b>3. Mailing Address</b> <u>P.O. Box 100240</u> <small>Suite, Apt. #, etc.</small>
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<b>City &amp; State</b> <u>Palm Bay FL</u>	<b>City &amp; State</b> <u>Palm Bay FL</u>	<b>4. FEI Number</b> <u>59-3114971</u>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>Zip</b> <u>32910</u>	<b>Country</b>	<b>Zip</b> <u>32910</u>	<b>Country</b>
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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**7. Name and Address of Current Registered Agent**

<b>Name</b> <u>Wayne J. Tidwell SR</u>
<b>Street Address</b> <small>P.O. Box Number is Not Acceptable</small> <u>921 Hosbine St SE</u>
<b>City</b> <u>Palm Bay</u> <b>FL</b> <b>Zip Code</b> <u>32909</u>

**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** Wayne J. Tidwell SR Wayne J. Tidwell SR 3-4-02  
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) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

<b>TITLE</b> <u>P</u> <b>NAME</b> <u>Wayne J. Tidwell JR</u> <b>STREET ADDRESS</b> <u>921 Hosbine St SE</u> <b>CITY - ST - ZIP</b> <u>Palm Bay FL 32909</u>	<b>TITLE</b> <u></u> <b>NAME</b> <u></u> <b>STREET ADDRESS</b> <u></u> <b>CITY - ST - ZIP</b> <u></u>
<b>TITLE</b> <u>VP</u> <b>NAME</b> <u>Wayne J. Tidwell SR</u> <b>STREET ADDRESS</b> <u>921 Hosbine St SE</u> <b>CITY - ST - ZIP</b> <u>Palm Bay FL 32909</u>	<b>TITLE</b> <u></u> <b>NAME</b> <u></u> <b>STREET ADDRESS</b> <u></u> <b>CITY - ST - ZIP</b> <u></u>
<b>TITLE</b> <u>Sec Treas</u> <b>NAME</b> <u>Suzanne Tidwell</u> <b>STREET ADDRESS</b> <u>921 Hosbine St SE</u> <b>CITY - ST - ZIP</b> <u>Palm Bay FL 32909</u>	<b>TITLE</b> <u></u> <b>NAME</b> <u></u> <b>STREET ADDRESS</b> <u></u> <b>CITY - ST - ZIP</b> <u></u>
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**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Wayne J. Tidwell SR Wayne J. Tidwell SR 3-4-02 321-429-1454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)