2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State
02-05-2003 90139 013 ***150.00

DOCUMENT # V41910

1. Entity Name
RAY FLOYD ENTERPRISES, INC.

Principal Place of Business	Mailing Address
231 ROYAL PALM WAY 100 PALM BEACH FL 33480 US	231 ROYAL PALM WAY 100 PALM BEACH FL 33480 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 10 Blossom Way	Suite, Apt. #, etc.: 10 Blossom Way
City & State: Palm Beach, FL	City & State: Palm Beach, FL
Zip: 33480 Country: USA	Zip: 33480 Country: USA

4. FEI Number 65-0341238 ☐ Applied For ☐ Not Applicable

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
FLOYD, MARIA 231 ROYAL PALM WAY, SUITE 100 PALM BEACH FL 33469	Name: Floyd Maria Street Address (P.O. Box Number is Not Acceptable): 10 Blossom Way City: Palm Beach FL Zip Code: 33480

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 1-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FLOYD, RAYMOND 231 ROYAL PALM WAY #100 PALM BEACH FL 33480	☐ Delete	Floyd Raymond 10 Blossom Way Palm Beach, FL 33480	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FLOYD, MARIA 231 ROYAL PALM WAY #100 PALM BEACH FL 33480	☐ Delete	Floyd Maria 10 Blossom Way Palm Beach, FL 33480	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #