

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90124 025 ***150.00

DOCUMENT # V72657

1. Entity Name
RAYMAR RECOVERIES, INC.



Principal Place of Business
745 HWY US 1
STE 308
NORTH PALM BEACH FL 33408
US

Mailing Address
745 HWY US 1
STE 308
NORTH PALM BEACH FL 33408
US



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

8895 N. Military Tr

Suite, Apt. #, etc.

Suite D 202

City & State

Palm Beach Gardens FL

Zip

33410

Country

Palm Beach

3. Mailing Address

8895 N. Military Trail

Suite, Apt. #, etc.

Suite D 202

City & State

Palm Beach Gardens FL

Zip

33410

Country

Palm Beach

4. FEI Number **65-0366175**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTEL, RAYMOND

202 CONTERBURY DR W

PALM BEACH GARDENS FL 33415

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

3-18-03

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

TITLE **VP** ☐ Delete
NAME **MARTEL, RAYMOND H.**
STREET ADDRESS **202 CANTERBURG DR W**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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]*
Signature and typed or printed name of signing officer or director

3-18-03

Date

561-776-0054

Daytime Phone #

CR2E034 (10/02)