## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **K65243**



## **FILED** Feb 11, 2003 8:00 am Secretary of State

Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required	TRU-RAY,							02-11-2003	J0073 02	J 13	0.00	
Suito, Apt. #, etc.   Suito, Apt. #, etc.   Suito, Apt. #, etc.   City & State   City & State   A. FEI Number   59-1864020   Applicable For Not Applicable   Not Applicable   Applicable   Not Applicable   Applicabl	%CYPRESS LO =1650 CYPRES	OCKSMITH S-DRIVE	% RAY PRESS 3837 BUTTERCUP CIRCLE NORTH					I (BDIDAN GIA DNALDNAR NON DNALDNA DNA DNALDNA DNA DNALDNA DNALDNA DNALDNA DNALDNA DNALDNA DNALDNA DNALDNA DNAL				
City & State  Nome  Street Actives (PO. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  8. The above named entity submits its statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable the obligations of englishered agent, or both, in the State of Florida. I am familiar with, and acceptable of Plorida Department of State  Signam, hypera printer rame of registered agent agent agent agent agent or both, in the State of Florida. I am familiar with, and acceptable of Florida Department of State  FILE NOWILL, FEEL S.S. 150.00, After May 1, 2003 Fee will be \$55.00 May Be. Added to Feel State  10. OFFICERS AND DIRECTORS IN 11  TITLE  Make  PRESS, RAY  SIREH ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  STD OBER AND CITY S. 72  PRESS, TRUDE  STREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  STD OBER AND CITY S. 72  PRESS, TRUDE  STREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  STD OBER AND CITY S. 72  Additional Street Additional City S. 72  TITLE  STD OBER AND CITY S. 72  Additional City S. 72  TITLE  STD OBER AND		Place of Business	3. Mailing Address				_					
Spring   S	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				<del></del>	☐ CHECK HERE IF MAKING CHANGES				
THE NOW!! FEE IS STOOM DIRECTORS  OFFICERS AND DIRECTORS  TILE  PASS, RAY SIGNATURE  SIG	City & Stat	te	City	City & State			4.	4. FEI Number 59-1864020 Applied For Not Applicable				
PRESS, RAY 3837 BUTTERCUP CIRCLE NORTH PALM BEACH GARDENS FL FL 33410  City FL Zip Code  6. 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  FILE NOWILL FEE IS, S150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE PID PRESS, RAY SIRET ADDRESS SIRET ADR	Zip	1 -	Zip		Coun	ntry	5.	Certificate of Status Desired				
PRESS, RAY 3837 BUTTERCUP CIRCLE NORTH PALM BEACH GARDENS FL FL 33410  City FL Zip Code  City FL Zip C		6. Name and Address of Current	t Registere	Registered Agent			7. Name and Address of New Registered Agent					
SIGNATURE    City   FL   Zip Code		<b>4.</b>	•			Name						ļ
PALM BEACH GARDENS FL FL 33410  6. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent	-					Street Address (P.O. Box Number is Not Acceptable)						l
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												l
B. 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 speaker of registered agent.  SIGNATURE    Signature   Signat	Palm Bea	ACH GARDENS FL FL 33410									1	ł
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Signature, lyroid or primore runnour fregistered appetred depreticular or file of expenses of the file of the control of the c			or the purp	ose of changing its	registere	ed office or reg	gistered a	gent, or both, in the State of Flo	ida. I am fa	niliar with,	and accept	
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TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NA	After	r May 1, 2003 Fee will be \$550.00	of State		- ح. بهندا د بخت		<u> </u>					ľ
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NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 cignature shall have the same local effect or if made under each; that I are an efficiency dispate.	NAME STREET ADDRESS CITY-ST-ZIP	partify that the information symplical with	this files		NAME STREE CITY-	E ET ADDRESS -ST-ZIP	in Continu	110 07(2)(i) Elecido Statuto			Addition	_

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.