FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90738 028 ***150.00

DOCUMENT # P98000094041

1. Entity Name
ARAY, INC

DO NOT WRITE IN THIS SPACE

B0062005

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5606 JAMES C JOHNSON RD
Suite, Apt. #, etc.
City & State: JACKSONVILLE FL
Zip: 32218-1596 Country: DUVAL

3. Mailing Address
5606 JAMES C JOHNSON RD
Suite, Apt. #, etc.
City & State: JACKSONVILLE FL
Zip: 32218-1596 Country: DUVAL

4. FEI Number: 59-3544700 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: WILLIAM R WEBER
Street Address (P.O. Box Number is Not Acceptable): 5606 JAMES C JOHNSON RD
City: JACKSONVILLE **FL** Zip Code: 32218-1596

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 ______________________________
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P WILLIAM R WEBER 5606 JAMES C JOHNSON RD JACKSONVILLE FL 32218-1596	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: William Ray Weber — WILLIAM RAY WEBER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/1/02 Daytime Phone #: (904) 764-0603