2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004470

1. Entity Name

SUNRAY, INC.

Principal Place of Business

Mailing Address

16016 U.S. HWY 301 DADE CITY FL 33525			16016 U.S. HWY 301 DADE CITY FL 33525					a il) a iai) ain'	
2. Principal Place of Business			3. Mailing Address		(
Suite, Apt. #, etc.			Suite, Apt. #, etc.		<u></u>	DO NOT WRITE IN THIS SPACE			
City & State			City & State		4.	FEI Number 59-3260895			applied For
Zip Country		Zip Country		5.	. Certificate of Status Desired			lditional	
	6. Name	and Address of Current Re	gistered Agent		7.	Name and Address of New Re			ou
			· · · · · · ·	Name				<u> </u>	
JAGER, LEROY T 16016 US HWY 301			ينتسونا ليبت المستجود أراد رثين عقاله بر	Street	Address (P.O. E	Box Number is Not Acceptable)	<u></u>		
DADE CIT	TY FL 33525	•							
•			City				FL	Zip Coo	de
SIGNATURE	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	:: Registered Agent signs	ature required when re	gent, or both, in the State of Floreinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Si		550.00	10. Election Campaign Fina Trust Fund Contribution			00 May Be d to Fees
11,	1	OFFICERS AND DIF	****	12.	AC	DITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YAGER, LI 16016 US DADE CIT		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	16016 US	LIZABETH A 301 7 FL 33525	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*** ~ ~ . එ.	7 55 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		to weeks in a statement statement	\$ 1\$1.45°	Change	Addition
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TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS			· · · · ·	☐ Change	☐ Addition

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP