2003 FOR PROFIT CORPORATION

Mailing Address

P O BOX 338

% MIKE DAMOTH

UNIFORM BUSINESS REPORT (UBR) H88446 **DOCUMENT #** 1. Entity Name LAKE ABRAY, INC.

Principal Place of Business

% MIKE DAMOTH

P O BOX 338



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91402 035 ***150.00

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Place of Business	3. Mailing Address	uiling Address						
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te	City & State	City & State			59-2605686		oplied For ot Applicable	
Country	Zip	Country	у	5. (Certificate of Status Desired			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
, MIKE			Name	· /D.O. B	· ·			
18638 JIRETZ RD ODESSA FL 33556			Street Address (F.O. Box Number is Not Acceptable)					
11 0000		-	City		FL	Zip Cod	e	
e named entity submits this stateme tions of registered agent.	ent for the purpose of changing its	s registered	d office or regist	tered age	ent, or both, in the State of Florida. I am	familiar with,	and accept	
Signature, typed or printed name of registered	agent and title if applicable. (NOT	TE: Registered A	Agent signature requir	red when re	instating) DATE			
k Payable to Florida Departme	nt of State					Added	May Be	
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ST DAMOTH, PATRICIA A 18638 JIRETZ ROAD ODESSA FL	☐ Delete		J		· • • • • · · · · · · · · · · · · · · ·	Change	☐ Addition	
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	Country 6. Name and Address of Cur MIKE ETZ RD FL 33556 e named entity submits this statement of registered agent. Signature, typed or printed name of registered. ILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550 k Payable to Florida Departme OFFICERS // DP DAMOTH, MIKE 18638 JIRETZ RD ODESSA FL ST DAMOTH, PATRICIA A 18638 JIRETZ ROAD	#, etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent MIKE BETZ RD FL 33556 Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. NO FILE NOW!!! FEE IS \$150.00 R May 1, 2003 Fee will be \$550.00 K Payable to Florida Department of State OFFICERS AND DIRECTORS DP DAMOTH, MIKE 18638 JIRETZ RD Delete Del	#, etc. Suite, Apt. #, etc.	#, etc Suite, Apt. #, etc. Ite City & State Country Zip Country 6. Name and Address of Current Registered Agent Name MIKE Street Address ETZ RD Street Address FL 33556 City Signature, typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent signature requirements of registered agent.) Signature, typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent signature requirements of registered agent.) Signature, typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent signature requirement of printed papertment of State OFFICERS AND DIRECTORS 11. DP	#, etc. Suite, Apt. #, etc.	#, etc. Suite, Apt. #, etc. Check Here IF Makini # Country Zip Country S. Certificate of Status Desired **Street Address of Current Registered Agent T. Name and Address of New Registered **Street Address (P.O. Box Number is Not Acceptable) **FIT TRD **FIT TRD **Street Address (P.O. Box Number is Not Acceptable) **FIT TRD **Street Address (P.O. Box Number is Not Acceptable) **FIT TRD **Street Address (P.O. Box Number is Not Acceptable) **FIT TRD **International of Implementation of Projection agent and title it application (ACTE Registered Agent signature required when remaining) **OATE Transplace Agent signature required when remaining **OATE	#. etc. Suita, Api. #, etc. City & State 4. FEL Number 59-2605686 Al. Number 59-260568 Al. Number 59-260568	

I nereby 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 reperior or trustee employered 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 attaching at with an address. With all other like employered.

SIGNATURE: Patricia A. Damoth. ST. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813=855=4666 04-29-03

Date

Daytime Phone #