

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000008359

1. Entity Name

THE GOLDEN RAY, INC

FILED

02 APR 22 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6104 OLD SCOTT LAKE ROAD

3. Mailing Address

P.O. Box 7757

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKELAND, FLORIDA

City & State

LAKELAND, FLORIDA

4. FEI Number

59-3636344

Applied For

Not Applicable

Zip

33813

Country

USA

Zip

33807

Country

POLK

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

EDWARD A. HOGE

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

6104 OLD SCOTT LAKE ROAD

City

LAKELAND

FL

Zip Code

33813

**DO NOT WRITE  
IN THIS SPACE**

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 P/V/T/S/D/C/M  
NAME EDWARD A. HOGE  
STREET ADDRESS 6104 OLD SCOTT LAKE ROAD  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

400005418414--4  
-05/01/02--01080--010  
\*\*\*\*158.75 \*\*\*\*150.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

863-644-2102

Daytime Phone #

CR2E034B (12/01)