05/01/02 WED 12:11 FAX 8139486670 PREFFERED-PROPERT

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91334 021 ***150.00

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052112

1. Entity Name
VICRAY PROPERTIES, INC.

668580

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2239 KEATON CHASE	2239 KEATON CHASE
Suite, Apt. #, etc. DRIVE	Suite, Apt. #, etc. DRIVE
City & State ORANGE PARK, FL	City & State ORANGE PARK, FL
Zip 32003 Country USA	Zip 32003 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3649143 — 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 HEDGECOCK VICKIE J
Street Address (P.O. Box Number is Not Acceptable) 2239 KEATON CHASE DRIVE
City ORANGE PARK FL Zip Code 32003

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 $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	D
NAME	HEDGECOCK, VICKIE J
STREET ADDRESS	2239 KEATON CHASE DR
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	
NAME	HEDGECOCK, JAMES R SR
STREET ADDRESS	2239 KEATON CHASE DR
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Vickie J Hedgecock 4/30/02 (904) 541-0557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
VICKIE J. HEDGECOCK