

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90121 030 ***158.75

DOCUMENT # P00000091452

1. Entity Name
STINGRAY ELECTRIC, INC.

Principal Place of Business
614 SLALOM WAY
SANTA ROSA BEACH FL 32459

Mailing Address
614 SLALOM WAY
SANTA ROSA BEACH FL 32459

2. Principal Place of Business
9735 EMERALD COAST PKWY
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
DESTIN, FLORIDA

City & State

4. FEI Number **59-3676434**

Applied For
 Not Applicable

Zip **32550** Country **WALTON**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFIN, MARK
614 SLALOM WAY
SANTA ROSA BEACH FL 32459

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **CAUGHORN, KEVIN**
 CITY-ST-ZIP **614 SLALOM WAY**
SANTA ROSA BEACH FL 32459

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DTSV**
 STREET ADDRESS **GRIFFIN, MARK**
 CITY-ST-ZIP **614 SLALOM WAY**
SANTA ROSA BEACH FL 32459

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE: **MARK GRIFFIN (Sec)**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/02 **(850)830-1500**
 Date Daytime Phone #

CR2E034 (9/01)