

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90367 002 ***150.00

DOCUMENT # P01000006020

1. Entity Name
SUNRAY NURSERY, INC.



Principal Place of Business
**2449 GRAND BLVD
HOLIDAY FL 34690**

Mailing Address
**2449 GRAND BLVD
HOLIDAY FL 34690**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3696505**

Applied For

Not Applicable

Zip

Country

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

**GSCHWIND, THOMAS
1850 LENNOX RD E
PALM HARBOR FL 34683**

Name **KEVIN SINGLETARY**

Street Address (P.O. Box Number is Not Acceptable)
2449 GRAND BLVD

City **HOLIDAY**

FL

Zip Code **34690**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

KEVIN SINGLETARY

1-30-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Delete
NAME **GSCHWIND, THOMAS**
STREET ADDRESS **1805 LENNOX RD E**
CITY-ST-ZIP **PALM HARBOR FL 34683**

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

TITLE **DVS** ☐ Delete
NAME **SINGLETARY, KEVIN L**
STREET ADDRESS **3030 BLUEBIRD DR**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **D.PRES.** ☒ Change ☐ Addition
NAME **KEVIN L. SINGLETARY**
STREET ADDRESS **7936 ROYAL HART DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **KEVIN SINGLETARY** (20-03) (727) 938-6449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)