

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2002 8:00 am**  
**Secretary of State**

01-18-2002 90001 036 \*\*\*150.00

**DOCUMENT # P01000006158**

1. Entity Name

OCEAN RAY, INC.

Principal Place of Business

1408-B STATE HWY 83  
 DEFUNIAK SPRINGS FL 32433

Mailing Address

1408-B STATE HWY 83  
 DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

DEFUNIAK SPRINGS

City & State

FL

Zip

32435

Country

USA

4. FEI Number

59-3691771

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, LYNDEN

1408-B STATE HWY 83

DEFUNIAK SPRINGS FL 32433

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

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) ☐

**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 D  
 STREET ADDRESS COX, LYNDEN  
 CITY-ST-ZIP 1408-B STATE HWY 83  
 DEFUNIAK SPRINGS FL 32433

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-02 850-892-6466

CR2E034 (9/01)