

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90414 037 ***158.75

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DOCUMENT # P01000024591

1. Entity Name
RAYONG, INC.



Principal Place of Business
**1110 S. MISSOURI AVE., APT. 206
CLEARWATER FL 33756**

Mailing Address
**1110 S. MISSOURI AVE., APT. 206
CLEARWATER FL 33756**

2. Principal Place of Business
THAI COCONUT RESTAURANT

3. Mailing Address
1704 CLEARWATER LAGO



CHECK HERE IF MAKING CHANGES

City & State

City & State
CLEARWATER, FLA

4. FEI Number
59-3708692

Applied For
 Not Applicable

Zip Country

Zip Country
33756 U.S.A.

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

SORNPAT, NUANCHAN T
1110 S. MISSOURI AVE., APT. 206
CLEARWATER FL 33756

Name
AKE PUNYAHOTRA
Street Address (P.O. Box Number is Not Acceptable)
8604 COBBLER PLACE
TAMPA, FLA. 33615
City State Zip Code
FL 33615

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 **(AKE PUNYAHOTRA) (P.)** **1/8/03**
Signature, typed or printed name of registered agent and title if applicable. (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORNPAT, NUANCHAN T 1110 S. MISSOURI AVE., APT. 206 CLEARWATER FL 33756 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AKE PUNYAHOTRA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8604 COBBLER PLACE TAMPA, FLA 33615 (PRESIDENT)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED** **NUANCHAN T. SORNPAT (D)** **JAN 08, 03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)