

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000036878

1. Entity Name  
ELELSTRIO SUN RAYZ, INC.  
ELECTRIC

Principal Place of Business  
3311 AND 3313 S WESTSHORE BLVD  
TAMPA FL 33611

Mailing Address  
3311 AND 3313 S WESTSHORE BLVD  
TAMPA FL 33611

FILED

02 APR 30 PM 6:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
4630 W. Bay to Bay Blvd.  
Suite, Apt. #, etc.

City & State  
Tampa, FL

4. FEI Number  
04 361 3876  
Applied For  
Not Applicable

Zip  
Country  
33629  
USA

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

BELLAPIGNA, ANTHONY J JR  
5701 W MARINER, UNIT 500  
TAMPA FL 33600

Name  
Street Address (P.O. Box Number is Not Acceptable)  
4630 W. BAY TO BAY BLVD.  
City TAMPA FL Zip Code 33629

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 *Anthony Bellapigna Jr*  
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 NAME STREET ADDRESS CITY-ST-ZIP	D RAMEY, LYNN V.H. ESQ 312 E 7 AVE TAMPA FL 33602	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S MICHAEL A. RIZZI 4630 W. BAY TO BAY BLVD. TAMPA, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/T Anthony J. Bellapigna, Jr. 4630 W. Bay to Bay Blvd. Tampa, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800005383898--3	<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

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 an other like empowered.

SIGNATURE: *Anthony Bellapigna Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 813/832-6650

Date Daytime Phone #

CR2E034 (9/01)

282

ACCOUNT FILING COVER SHEET  
WALK IN

ACCOUNT #: FCA000000014

CORPDIRECT AGENTS  
103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32301  
850-222-1173

CONTACT: Pam

DATE: 4-30-02

REF #: 0170, 6371

CORP. NAME: Electric Sun Rayz, Inc

PLEASE FILE THE ATTACHED ANNUAL REPORT AND ISSUE A:

( ) CERTIFIED COPY (X) PLAIN COPY (X) GOOD STANDING

PLEASE DEBIT OUR ACCOUNT IN THE AMOUNT OF \$ 158.75

AUTHORIZATION: Chick