

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90048 028 ***150.00

DOCUMENT # P01000054446

1. Entity Name
LOU-RAY, INC.



Principal Place of Business
**1365 KASS CIRCLE
SPRING HILL FL 34606
US**

Mailing Address
**5408 PATRICIA PLAGE
WEEKI WACHEE FL 34607**

22004923



2. Principal Place of Business

**Rays Elbow Room
Suite, Apt. #, etc.
1365 KASS Circle**

3. Mailing Address

**1437 HASTINGS Rd
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State
SPRING HILL, FL

City & State
SPRING HILL, FL

4. FEI Number **59-3724834**

Applied For
Not Applicable

Zip
34606

Country
US

Zip
34608

Country
**US
Hernando**

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

6. Name and Address of Current Registered Agent

CHRISAFULLE, LUCILLE

**5408 PATRICIA PL
WEEKI WACHEE FL 34607
1437 HASTINGS Rd
SPRING HILL, FL
34608**

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/03

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 **DP** ☐ Delete
NAME **CHRISAFULLE, LUCILLE**
STREET ADDRESS **1365 KASS CIRCLR**
CITY-ST-ZIP **SPRING HILL FL 34406**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/4/03 352
688-3702**

Daytime Phone #

CR2E034 (10/02)