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07-25-2003 90205 001 ***300.00
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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000029269

1. Entity Name
STINGRAY'S OF OVIEDO INC.

55052315

Principal Place of Business	Mailing Address
302 E LAKE AVENUE LONGWOOD, FL 32750	302 E LAKE AVENUE LONGWOOD, FL 32750

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 30-0054411 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SINGH, GOWCHAN
302 E LAKE AVENUE
LONGWOOD, FL 32750

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 ______________________ DATE

FILE NOW!!! FEE IS $150.00!!!
After May 1, 2003 Fee will be $550.00
Amended UBR's $150.00
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 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGH, GOWCHAN 302 E LAKE AVENUE LONGWOOD, FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Gowchan Singh 7/21/03 407-331-6499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Stringray of Oviedo, Inc.
302 E. Lake Avenue
Longwood, FL 32750

November 7, 2003

Tyrone Scott
Document Specialist
Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Sir/ Madam:

Re: **Stingray of Oviedo, Inc.**
Document #: P02000029269

We received notice from you in August requesting that we make the required correction on our UBR. This was done in a timely fashion but we have not since received a reply from the State and would like late fees to be waived. Our check has already been cashed by the Department of State.

Your assistance will be greatly appreciated.

Respectfully

Gowchan Singh
President