

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90425 040 ***150.00

DOCUMENT # P02000035771

1. Entity Name
CATCHIN' RAYS, INC.



Principal Place of Business
**1541 SUMTER BLVD.
NEW PORT FL 34287**

Mailing Address
**1541 SUMTER BLVD.
NEW PORT FL 34287**



2. Principal Place of Business
1541 Sumter Blvd.

3. Mailing Address
1541 Sumter Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Port, Florida

City & State
North Port, Florida

4. FEI Number
74-3033278

Applied For
Not Applicable

Zip
34287

Country
Sarasota

Zip
34287

Country
Sarasota

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

~~LANGDON, ALLEN E
125 FIRST AVENUE
NOKOMIS FL 34275~~

Name
Lisa A Chester
Street Address (P.O. Box Number is Not Acceptable)
7319 Totem Ave

City **North Port** FL Zip Code **34286**

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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4-7-03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. ST. JOHN, RANDALL J
1541 SUMTER BLVD.
NEW PORT FL 34287

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
St. John, Randall J.
1541 Sumter Blvd.
North Port, FL 34287

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHESTER, LISA A
1541 SUMTER BLVD.
NEW PORT FL 34287

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
Chester, Lisa A
1541 Sumter Blvd.
North Port, FL 34287

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/03

Date Daytime Phone #

CR2E034 (10/02)