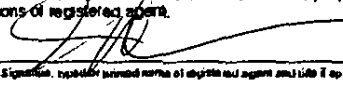


FILED
May 23, 2003 8:00 am
Secretary of State

04-30-2003 90158 048 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000071554			
1. Entity Name RAYSUBTWO, INC.			
Principal Place of Business 763 17TH AVENUE SOUTH NAPLES, FL 34102		Mailing Address 763 17TH AVENUE SOUTH NAPLES, FL 34102	
2. Principal Place of Business SUBWAY		3. Mailing Address Ed Ray (Business Address)	
Suite, Apt. #, etc. 8575 Collier Blvd #104		Suite, Apt. #, etc. 763 17th Ave South	
City & State Naples Florida		City & State Naples FL	
Zip 34114		Country U.S.A.	
4. FEI Number 11-3642267		Applied For Not Applicable	
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MILLER, LORRI R 5020 TAMiami TRAIL NORTH SUITE 200 NAPLES, FL 34102		7. Name and Address of New Registered Agent Name Joe Durante Street Address (P.O. Box Number is Not Acceptable) 928 S.E. 13th Place City Cape Coral FL Zip Code 33914-3019	
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 4-28-03	
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 President NAME Ed Ray STREET ADDRESS 763 17th Ave South CITY-ST-ZIP Naples FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE Secretary NAME Justin Ray STREET ADDRESS 763 17th Ave South CITY-ST-ZIP Naples FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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)(c), 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: 		DATE: 4-28-03	