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

04-30-2003 90158 047 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000071603

1. Entity Name
RAYSUBONE, INC.

55043408

Principal Place of Business	Mailing Address
763 17TH AVENUE SOUTH NAPLES, FL 34102	763 17TH AVENUE SOUTH NAPLES, FL 34102

Subway → Business address ↓

2. Principal Place of Business	3. Mailing Address
7067 Radio Road	763 17th Ave South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Naples, FL	Naples, FL
City & State	City & State
Zip 34102 / Country U.S.A.	Zip 34102 / Country U.S.A.

Federal I.D. # ☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 11-3642265 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, LORRI M
5020 TAMIAMI TRAIL NORTH
SUITE 200
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name Joe Durante
Street Address (P.O. Box Number is Not Acceptable) 928 SE 13th Place
City Cape Coral FL Zip Code 33990-3019

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 [signature] 4-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Secretary NAME Justin Ray STREET ADDRESS ~~[struck]~~ 7840 Sand Pine Ct #1 CITY-ST-ZIP Naples, FL 34104	☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Ed E. Ray Ed E. Ray 4-28-03 239-649-7558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #