FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/16

FILED
Jun 11, 2003 8:00 am
Secretary of State
05-16-2003 90186 012 ***150.00

DOCUMENT # P02000115978 (L)

1. Entity Name
SUNRAYZ INC.

DO NOT WRITE IN THIS SPACE

55047566

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2. Principal Place of Business	3. Mailing Address
5323 GUNN HWY	5323 GUNN HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL.	City & State: TAMPA FL.
Zip: 33624 Country: USA	Zip: 33624 Country: USA

4. FEI Number — [X] Applied For [ ] Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: TIM W. SCHWANKE
Street Address (P.O. Box Number is Not Acceptable): 15312 CARROLLTON LANE
City: TAMPA FL Zip Code: 33624

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: W. RAY DOERFLER PRESIDENT W. Ray Doer DATE: 5-9-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee Is $150.00
After May 1 Fee Is $350.00
Amended UBR Is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	WILLIAM R. DOERFLER, PRESIDENT 2162 LAKESHORE CR. PORT CHARLOTTE FL. 33952
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: W. Ray Doer 5-7-03 813-269-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #