

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90105 001 ***150.00

046241 AV

DOCUMENT # P94000044047

1. Entity Name
NANA-RAY CORPORATION



Principal Place of Business
**PO BOX 24567
TAMPA FL 33623
US**

Mailing Address
**PO BOX 24567
TAMPA FL 33623
US**



2. Principal Place of Business
P.O. BOX 18341
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 18341
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number
59-3249107

Applied For
☐ Not Applicable

Zip
33679

Country

Zip
33679

Country

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

**CAREY, MICHAEL R
712 SOUTH OREGON AVENUE
TAMPA FL 33606**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 **D** ☐ Delete
NAME **STANTON, JOHN**
STREET ADDRESS **P.O BOX 24567**
CITY-ST-ZIP **TAMPA FL 33623**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

813/287-9733
Daytime Phone #

CR2E034 (10/02)