FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
03-25-2002 90018 042 ***150.00

DOCUMENT #P95000047648

1. Entity Name
BAY RAYS, INC.

DO NOT WRITE IN THIS SPACE

- 27358

2. Principal Place of Business	3. Mailing Address
7 Stonegate Drive	7^Stonegate Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Belleair, FL	City & State: Belleair, FL
Zip: 33756 Country: USA	Zip: 33756 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3331638 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lisa Smithson & Co.

Street Address (P.O. Box Number is Not Acceptable): 1901 Ulmerton Rd. STE 750

City: Clearwater FL Zip Code: 33762

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.

SIGNATURE _____ DATE: 4/16/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director Mr. Daniel Doyle 7 Stonegate Drive Belleair, FL 33756
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/16/02 727-540-9694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 24358

DOC# P95000047648

1901 Ulmerton Road Suite 750
Clearwater, FL 33762

Peoples Bank
1800 Gulf-To-Bay Blvd
Clearwater, FL 33755

427255

**** ONE HUNDRED FIFTY AND 00/100 DOLLARS

TO THE ORDER OF

03/05/02 $150.00*****

Department of State
PO Box 1500
Tallahassee, FL 32302-1500

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Attachment

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DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT# 1009013796
MAR 14 2002

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