

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P-97000063532

Entity Name

Stingray Enterprises, Inc.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90002 029 ***150.00

Principal Place of Business Mailing Address
1884 Cameo Way 1884 Cameo Way
Clearwater, FL. 33756 Clearwater, FL. 33756

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEJ Number **59-3460144** Applied For ☐ Not Applied ☐
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Williams, Raymond
1884 Cameo Way
Clearwater, FL. 33756

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL _____ Zip Code _____

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

8. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$850.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☒ Add
STREET ADDRESS	Raymond Williams		STREET ADDRESS	Patrice Marie Freier	
CITY-ST-ZIP	1884 Cameo Way		CITY-ST-ZIP	1884 Cameo Way	
	Clearwater, FL. 33756			Clearwater, FL 33756	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 12 changed, or on an attachment with an address, with another fee empowered

SIGNATURE: *Raymond Williams* 4-24-00