

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90114 037 ***150.00

DOCUMENT # P97000079333

1. Entity Name
EAGLE RAY CORPORATION



Principal Place of Business
4273 BONITA BCH RD
BONITA SPRINGS FL 34134

Mailing Address
4273 BONITA BCH RD
BONITA SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address



☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 65-0781120

Applied For
☐ Not Applicable

Zip

Country

Zip

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

DIXON, JOLENE C
10881 ST. JOHNS COURT
BONITA SPRINGS FL 34135

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

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE P ☐ Delete
NAME DIXON, JOLENE C
STREET ADDRESS 10881 ST JOHNS COURT
CITY-ST-ZIP BONITA SPRINGS FL 34135

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

TITLE VP ☐ Delete
NAME DIXON, CHRISTOPHER P
STREET ADDRESS 10881 ST JOHN CT
CITY-ST-ZIP BONITA SPRINGS FL 34136

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

90135111

#P97000079333



Eagle Ray Dive Center
3525 Bonita Beach Rd 102
Bonita Springs, Fl 34134
239-992-2237 F 239-992-2875
eagleraydive@aol.com

Please change the address of our business and the mailing address to:

3525 Bonita Beach Rd 102

Bonita Springs, Florida 34134

If you have questions please call me at
239-992-2237

Thanks,
Jolene