2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000016059** Apr 03, 2000 8:00 am Secretary of State SUN RAY SPAS, INC. 04-03-2000 90162 019 ***150.00 Mailing Address Principal Place of Business 16122 4TH ST. E. 16122 4TH ST. E. REDINGTON BEACH FL 33708 REDINGTON BEACH FL 33708-1614 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILEY, BRIAN K Street Address (P.O. Box Number is Not Acceptable) 16122 4TH STREET EAST **REDINGTON BEACH FL 33708** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE WILEY, BRIAN K NAME NAME STREET ADDRESS STREET ADDRESS 16122 4TH ST. E. CITY-ST-ZIP CITY-ST-ZIP **REDINGTON BEACH FL 33708** ☐ Addition ☐ Change ☐ Delete TITLE TITLE WILEY, ROBERT M NAME STREET ADDRESS STREET ADDRESS 16122 4TH ST. E. CITY-ST-ZIP CITY-ST-ZIP **REDINGTON BEACH FL 33708** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-00

727-480-4844