

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90027 031 ***150.00

DOCUMENT # S33649

1. Entity Name

SUNRAY VACATIONS, INC.

Principal Place of Business

**4805 JAMAICA LN
 KISSIMMEE FL 34746-5101**

Mailing Address

**4805 JAMAICA LN
 KISSIMMEE FL 34746-5101**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2512 W. Vine St

Suite, Apt. #, etc.

2512 W. Vine St

City & State

Kissimmee Florida

City & State

Kissimmee Florida

Zip

Country

34741

Zip

Country

34741

6. Name and Address of Current Registered Agent

**MEAD, RAYMOND J
 4805 JAMAICA LANE
 KISSIMMEE FL 34746**

7. Name and Address of New Registered Agent

Name **Raymond J. Mead**
 Street Address (P.O. Box Number is Not Acceptable)
2512 W. Vine Street
 City **Kissimmee** FL Zip Code **34741**

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)

DATE

9. 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, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MEAD, RAYMOND J	
STREET ADDRESS	4805 JAMAICA LANE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEAD, JANET D	
STREET ADDRESS	4805 JAMAICA LANE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/02 401-396-6613

CR2E034 (9/01)