

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # V54791**1. Entity Name  
DONRAY, INC.

## Principal Place of Business

5230 W. LEOTA RD

SCOTTSBURG

47170

US

IN

## Mailing Address

POB 192

SCOTTSBURG

47170

US

IN

## 2. Principal Place of Business

## 3. Mailing Address

5230 W LEOTA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

## City &amp; State

SCOTTSBURG

IN

Zip

Country

Zip

Country

47170

US

## 4. FEI Number

59-3136197

Applied For

Not Applicable

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

HORAN JOAN

2221 POLO CLUB DR

107

KISSIMMEE

34741

US

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

08/25/2001

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, 2001 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 DVS ☐ Delete  
NAME HORAN, LAURA W.  
STREET ADDRESS 5230 W. LEOTA RD  
CITY-ST-ZIP SCOTTSBURG IN 47170TITLE DVS ☒ Change ☐ Addition  
NAME HORAN, LAURA W.  
STREET ADDRESS 5230 W. LEOTA RD  
CITY-ST-ZIP SCOTTSBURG IN 47170TITLE DPT ☐ Delete  
NAME HORAN, MICHAEL F.  
STREET ADDRESS 5230 W. LEOTA RD  
CITY-ST-ZIP SCOTTSBURG IN 47170TITLE DPT ☒ Change ☐ Addition  
NAME HORAN, MICHAEL F.  
STREET ADDRESS 5230 W. LEOTA RD  
CITY-ST-ZIP SCOTTSBURG IN 47170TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:** Laura W. Horan

VPRE

08/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)