

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90265 017 ***158.75

DOCUMENT # 524375

1. Entity Name
GRAY ENTERPRISES, INC.



Principal Place of Business
**SOUTHSIDE BUSINESS PARK
2334 E. HWY 100
BUNNELL FL 32110**

Mailing Address
**500 CR 115 N.
BUNNELL FL 32110**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

500 C.R. 115 N.

Suite, Apt. #, etc.

City & State

BUNNELL, FL

City & State

Zip

32110

Country

FLA

Country

4. FEI Number

59-1720023

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRAY, HAROLD R.
2334 E RT 100 BOX 10
BUNNELL FL 32110**

7. Name and Address of New Registered Agent

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 **Harold R. Gray** **HAROLD R. GRAY**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/03

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
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GRAY, HAROLD R.**
STREET ADDRESS **500 CR 115 NORTH**
CITY-ST-ZIP **BUNNELL FL 32110**

TITLE **DT** ☐ Delete
NAME **GRAY, STEVEN R.**
STREET ADDRESS **500 CR 115 NORTH**
CITY-ST-ZIP **BUNNELL FL 32110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **Harold R. Gray** **HAROLD R. GRAY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/03

Daytime Phone #

386-931-2314

CR2E034 (10/02)