

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90175 013 ***150.00

DOCUMENT # H94852
1. Entity Name
GRAY FOX OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address
C/O GEORGE H. RUSS C/O GEORGE H. RUSS
907 WEBSTER ST. 907 WEBSTER ST.
LEESBURG FL 34748-5026 LEESBURG FL 34748-5026

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 59-2637881 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RUSS, GEORGE H., ESQUIRE
907 WEBSTER ST.
LEESBURG FL 32748

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.
SIGNATURE 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, 2000 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

Table with 11 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for PDS TALWAR, SUNIL K. at 10401 US HWY 441 S #303 LEESBURG FL.

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. For additions or changes to officers and directors.

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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #