

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600923

1. Entity Name

MAYS LEROY GRAY, P.A. ARCHITECT-PLANNER- CONSULT

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90074 045 ***150.00

Principal Place of Business

Mailing Address

~~727 N. CALHOUN ST.~~

~~TALLAHASSEE FL 32309~~

~~UG- 52 MANATEE WAY~~

CRAWFORDVILLE, FL. 32327

~~727 N. CALHOUN ST.~~

~~TALLAHASSEE FL 32309-0200~~

~~UG~~

2. Principal Place of Business

52 MANATEE WAY

Suite, Apt. #, etc.

3. Mailing Address

52 MANATEE WAY

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CRAWFORDVILLE, FL.

City & State

CRAWFORDVILLE, FL.

4. FEI Number

59-1258918

Applied For

☒ Not Applicable

Zip

32327

Country

WAKULLA

Zip

32327

Country

WAKULLA

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

GRAY, MAYS LEROY ✓

~~727 N. CALHOUN ST.~~

~~TALLAHASSEE FL 32309~~

52 MANATEE WAY

CRAWFORDVILLE, FL. 32327

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)

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GRAY, MAYS LEROY ✓
STREET ADDRESS ~~727 N. CALHOUN ST.~~ **52 MANATEE WAY**
CITY-ST-ZIP ~~TALLAHASSEE FL~~ **CRAWFORDVILLE, FL.**

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Date

Daytime Phone #

MAYS LEROY GRAY **3-1-00 (850) 925-6599**

CR2E034 (9/99)