2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90794 004 ***150.00

DOCUMENT # 602357

1. Entity Name
GRAY, HARRIS & ROBINSON, P.A.

Principal Place of Business	Mailing Address
301 E. PINE STREET. SUITE 1400 ORLANDO FL 32801	P O BOX 3068 ORLANDO FL 32802

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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1300132 ☐ 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
MARSHALL, BYRD F. JR 301 E PINE ST SUITE 1400 ORLANDO FL 32801	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MARSHALL, BYRD F JR 201 E PINE ST,SUITE 1200 ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 301 E. Pine Street, Suite 1400 Orlando, FL 32801
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEV HARRIS, GORDON H. 201 E PINE ST,SUITE 1200 ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 301 E. Pine Street, Sutie 1400 Orlando, FL 32801
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PRICE, PAMELA O. 201 E PINE ST,SUITE 1200 ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 301 E. Pine Street, Suite 1400 Orlando, FL 32801
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVAS ROBINSON, RICHARD M. 201 E PINE ST,SUITE 1200 ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 301 E. Pine Street, Suite 1400 Orlando, FL 32801
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT PAGE, JAMES F., JR. 201 E PINE ST,SUITE 1200 ORLANDO FL 32801	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAT Finch, Phillip R. 301 E. Pine Street, Suite 1400 Orlando, FL 32801 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC GRAY, J CHARLES 201 E PINE ST,SUITE 1200 ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 301 E. Pine Street, Suite 1400 Orlando, FL 32801

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: SIGNATURE REQUIRED Pamela O. Price, Secretary 407/843-8880
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)