

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90256 009 ****61.25

DOCUMENT # 745771

1. Entity Name

BLUE/GREY ARMY, INC.



Principal Place of Business

**150 N ALACHUA ST
PO BOX 2224
LAKE CITY FL 32056-2224**

Mailing Address

**150 N ALACHUA ST
PO BOX 2224
LAKE CITY FL 32056-2224**

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 **59-1896145**

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

**BOWLING, FAYE
150 N. ALACHUA ST.
LAKE CITY FL 32055**

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VD	CURTIS, ROBERT H	860 TRACY PLACE	LAKE CITY FL 32025	☒					☐	☐
VD	LEVY, ASLPHONSO	OLD COLUMBIA CITY RD	LAKE CITY FL 32025	☒					☐	☐
PD	NULL, R M	528 WEST DUVAL ST	LAKE CITY FL 32055	☐					☐	☐
VD	BOWLING, FAYE	RT 8 BOX 580	LAKE CITY FL 32055	☐					☐	☐
VD	WEHRLI, GEORGE	FAWN DR BOX 1846	LAKE CITY FL 32056	☒					☐	☐
VD	CAMPBELL, HARVEY	RT 4 BOX 345	LAKE CITY FL 32024	☐					☐	☐

CR2E037 (10/02)

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 617, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03