

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G95739**

1. Entity Name

M. ANN GRAY, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90305 004 ***150.00

Principal Place of Business

**200 SE AVENUE I
P.O. BOX 67
BELLE GLADE FL 33430**

Mailing Address

**200 SE AVENUE I
P.O. BOX 67
BELLE GLADE FL 33430**

2. Principal Place of Business

4631 ROYAL PALM BEACH BLVD

3. Mailing Address

P. O. BOX 211675

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH

City & State

ROYAL PALM BEACH, FL

Zip

33411

Country

PALM BEACH

Zip

33421

Country

PALM BEACH

6. Name and Address of Current Registered Agent

**GRAY, M. ANN
200 SE AVENUE I
BELLE GLADE FL 33430**

7. Name and Address of New Registered Agent

Name

M. ANN GRAY

Street Address (P.O. Box Number is Not Acceptable)

4631 ROYAL PALM BEACH BLVD.

City

ROYAL PALM BEACH

FL

Zip Code

33411

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

M. Ann Gray
Signature, typed or printed name of registered agent and file if applicable.

M. ANN GRAY

4/13/01

(NOTE: Registered Agent's 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, 2001 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

TITLE	PST	<input type="checkbox"/> Delete
NAME	GRAY, M. ANN	
STREET ADDRESS	200 SE AVENUE I	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, M. ANN	
STREET ADDRESS	200 SE AVENUE I	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M. ANN GRAY	
STREET ADDRESS	4631 ROYAL PALM BEACH BLVD	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M. ANN GRAY	
STREET ADDRESS	4631 ROYAL PALM BEACH BLVD.	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/13/01

Date

561-792-9737

Daytime Phone #

CR2E034 (10/00)