

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K54429**

1. Entity Name

GRAY'S ORNAMENTALS, INC.*R***FILED**
Aug 25, 2000 8:00 am
Secretary of State

02-15-2000 90001 049 ***150.00

Principal Place of Business

Mailing Address

**15321 ONE MILE RD
DELRAY BEACH FL 33446
US****15321 ONE MILE RD
DELRAY BEACH FL 33446-9784
US**

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

65-0093813

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

**GRAY, LIONEL J.
39 HARBOR DRIVE NORTH
OCEAN RIDGE FL 33435**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D									
	GRAY, LIONEL J.	39 HARBOR DRIVE NORTH	OCEAN RIDGE FL 33435							

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

Capacity

CR2E034 (9/99)

Doc # K54429
19974

GRAY'S ORNAMENTALS, INC.
15321 ONE MILE ROAD
DELRAY BEACH, FL. 33446
PH. (561) 496-6442

AUGUST 21, 2000

FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

RE: 2000 UNIFORM BUSINESS REPORT
DOCUMENT #K54429
TAX ID#65-0093813

TO WHOM IT MAY CONCERN:

I AM A LITTLE CONCERNED ABOUT MY UBR REPORT. IT WAS FILED IN
EARLY FEBRUARY, 2000 WITH OUR CHECK #1319 FOR \$150.00 BOTH COPIES
ARE ATTACHED. I RECEIVED A SECOND NOTICE TO SUBMIT THE FORM
WITH A FEE INCREASE. CAN YOU PLEASE CONFIRM YOU HAVE ON FILE MY
2000 REPORT.

SINCERELY,


LIONEL GRAY, PRESIDENT