2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 26, 2002 8:00 am Secretary of State

1. Entity Name GRAYDAWN CORP.				09-26-2002 90100 022 ***150.					
Principal Place of Business %B J-SIGNS 1027-N: WASHINGTON BLY SARASOTA FL 34236	Mailing Address %B J SKINS 1027 N. WASHINGTON E SARASOTA: FL 3426	48 J Signs 127 N.:Washington Blvd		- 1000					
2. Principal Place of Busin	ess	3. Mailing Address	-						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRIT	TE IN THIS SPA	ACE		
City & State		City & State		4.	4. FEI Number 65-0137454 Applied For			-,	
Zlp	Country	Zip	Country	5.	Certificate of Status Desired	□ \$8	Not Applicab	ole	
_ 6.~Neme	and Address of Current F	l lagistered Agent			Name and Address of New Pi	— Fee	Required	_	
WEBB, CHARLES W 2172 HILLVIEW ST SARASOTA FL 34239				Name Street Address (P.O. Box Number is Not Acceptable)					
	يعتق العاشاء للروائض والتات	range and the second second	City	<u> </u>			Zip Code		
SIGNATURE	ed agent.		registered office or n		ent, or both, in the State of Flor	ida. I am famil	liar with, and accept		
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 \$55 After September 13, 2002 Fee will Make Check Payable to Departme) \$750.00 of State	10. Election Campaign Fina Trust Fund Contribution.	ricing	\$5.00 May Be Added to Fees		
TLE D WOLFE, ROME S251 ASHTO SARASOTA	ON ROAD .	Delate	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD	DITIONS/CHANGES TO OFFIC		ECTORS IN 11 Change Addition	CR2E034 (4/02)	
TLE D WOLFE, YVO SET ASHTO SARASOTA I	N ROAD	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				change 🔲 Addition	CR2E	
LE ME REET ADDRESS Y-ST-ZIP		. Deleta	NAME STREET ADDRESS CITY-ST-ZIP			□ c	trange Addition		
LE ME EET ADDRESS Y-ST-ZIP	TSV No.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		□ c	hange Addition		
LE : : : : : : : : : : : : : : : : : : :		Delete	TITLE NAME STREET ADDRESS CITY-ST-21P			_ □ cr	nange Addition		
e Ie Eet adoress -St-Zip		□ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		□ Ch		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
GNATURE:	ormation suscised with this supplemental report is true failed or trusted empower and with an address, with a contract of the supplemental and true	filing does not qualify for the and accurate and that my sed to execute that peport as all other like emboyered.	e exemption stated in signature shall have trequired by Chapter	n Section 11: he same leg 607, Florida	9.07(3)(i), Florida Statutes, I fundal effect as if made under oath, Statutes; and that my name ap	A.zza-	the information fficer or director 11 or Block 12 if		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FOR PROFIT CORPORATION AHachment

Daytime Phone #

U	Niform Bush	NESS REPO	RT (UBR) 💙	J8(1) 43 4.4			
DOCU 1. Entity Nam	MENT # L044	40	E Sugar, Carlo				
GRA	DAWN CON	EP,	873957				
'	DO NOT WRIT	E IN THIS	SPACE				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 .	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number Applied For			
Zip	Country	Zip	Country	Not Applicable S. Certificate of Status Desired \$8.75 Additional			
				Fee Required 7. Name and Address of Current Registered Agent			
	DO NOT	NRITE	Name				
	IN THIS S		=Street Addres	s (P.O. Box Number is Not Acceptable)			
	114 11110 0	FACE	City	Tio Code			
				FL Zip Code tered agent, or both, in the State of Florida.			
9. This corpor	Signature, typed or printed name of registered ac ration is eligible to satisfy its Intangi equirement and elects to do so. a on back)	ible January After	(NOTE: Registered Agent signature requined in the signature requined in the signature requined in the signature requined in the signature requirement of Signature requirem	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
11,	OFFICERS AI	ND DIRECTORS	ayame to Department of 5	tate			
TITLE NAME	***		TITLE				
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CITY-ST-ZIP TITLE			CITY-ST-ZIP				
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CITY-ST-ZIP			CITY-ST-ZIP				
of the corp	n inis report or supplemental repor	t is true and accurate and t mpowered to execute this :	hat my cionatura chall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or on an			

* 87395 attachment To Whom it may Concer That in the fuit potice we have requestry The late fear be waried Attachment 873957

FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

September 17, 2002

GRAYDAWN CORP. %B J SIGNS 1027 N. WASHINGTON BLVD SARASOTA, FL 34236

SUBJECT: GRAYDAWN CORP.

Ref. Number: L04440

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

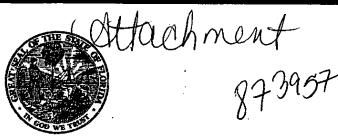
The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
-Document Specialist

Letter Number: 702A00052966



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

September 18, 2002

GRAYDAWN CORP. %B J SIGNS 1027 N. WASHINGTON BLVD SARASOTA, FL 34236

Subject: GRAYDAWN CORP.

Reference Number:

L04440

/JN

ANNUAL REPORTS SECTION

Attachment 873957

FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

September 18, 2002

GRAYDAWN CORP. %B J SIGNS 1027 N. WASHINGTON BLVD SARASOTA, FL 34236

Subject: GRAYDAWN CORP.

Reference Number:

L04440

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.