

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90199 007 ***150.00

DOCUMENT # L75894

1. Entity Name
WIN-GRAY, INC.



Principal Place of Business
**104 63RD AVE. W.
BRADENTON FL 34207
US**

Mailing Address
**12110 SPANISH MAIN RESORT TRAIL
THONOTOSASSA FL 33592
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 **65-0198781**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TURNER, JAMES L.
200 S ORANGE AVE
SARASOTA FL 34230**

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 ☐ Delete
NAME **T WINTER, BETTY A.**
STREET ADDRESS **6343 HUMPHREY AVE**
CITY-ST-ZIP **FLUSHING MI**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

P ☐ Delete
NAME **GRAY, SHERRI L.**
STREET ADDRESS **1735 CHAPMAN HWY**
CITY-ST-ZIP **SEVIERVILLE TN 37862**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

V ☐ Delete
NAME **LUCAS ZANIBONI, KATHLEEN**
STREET ADDRESS **12110 SPANISH MAIN RESORT TRL**
CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

VS ☐ Delete
NAME **GRAY, WILLIAM A. S**
STREET ADDRESS **1735 CHAPMAN HWY**
CITY-ST-ZIP **SEVIERVILLE TN 37862**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

V ☐ Delete
NAME **GRAY, WILLIAM JR**
STREET ADDRESS **1735 CHAPMAN HWY**
CITY-ST-ZIP **SEVIERVILLE TN 37862**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

V ☐ Change ☒ Addition
NAME **ANDREW A. GRAY**
STREET ADDRESS **1735 Chapman Hwy**
CITY-ST-ZIP **SEVIERVILLE, TN 37862**

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 of Lucas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

813-976-2416

CR2E034 (10/02)