2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000019250

1. Entity Name
GAIL M. STRAIT, INC.

FILED
Apr 24, 2001 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
226 THOMAS COURT	226 THOMAS COURT
FORT WALTON BEACH FL	FORT WALTON BEACH FL
32548	32548

2. Principal Place of Business	3. Mailing Address	
10654 VISTA DEL SOL CIR.	10654 VISTA DEL SOL CIR.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State CLERMONT FL	City & State CLERMONT FL	**4. FEI Number** [X] Applied For [ ] Not Applicable
Zip 34711	Country	Zip 34711	Country	**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
WILFONG J. DEREK	Name STRAIT GAIL M
1000 SUNSHINE LANE	Street Address (P.O. Box Number is Not Acceptable) 10654 VISTA DEL SOL CIR.
ALTAMONTE SPRINGS FL 32714 US	City CLERMONT FL Zip Code 34711

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 **GAIL STRAIT**   **04/24/2001**
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) [X]

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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE PRES NAME STRAIT GAIL M STREET ADDRESS 10654 VISTA DEL SOL CIR. CITY-ST-ZIP CLERMONT FL 34711		[ ] Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (11/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL STRAIT   PRES   04/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #