2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000024987

GRAY, JAMES M

TAMPA, FL 33635

11203 CLAYRIDGE DR.

Name:

Address: City-St-Zip:

Entity Name: GRAY'S COLLEGE BOOKSTORE AT USF, INC.

FILED Aug 06, 2003 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 2836 E. FLETCHER AVE. TAMPA, FL 33612 **Current Mailing Address: New Mailing Address:** 11203 CLAYRIDGE DR. 825 S. FLOYD STREET TAMPA, FL 33635 2ND FLOOR LOUISVILLE, KY 40203 FEI Number: 59-3631474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRAY, JAMES M 11203 CLAYRIDGE DR. TAMPA, FL 33635 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GRAY, CHARLES E Name: Name: 702 COLONEL ANDERSON PKWY. Address: Address: City-St-Zip: LOUISVILLE, KY 40222 City-St-Zip: Title: VD Title: () Change () Addition () Delete GRAY, WILLIAM D Name: Name: 8525 NEW OAK LANE Address: Address: HUNTERVILLE, NC 28078 City-St-Zip: City-St-Zip: Title: () Delete Title: SD () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES M. GRAY SD 08/06/2003