2001 UNIFORM BUSINESS REPORT (UBR) 5/21/01-90038-02

FILED
Jul 18, 2001 8:00 am
Secretary of State

05-21-2001 90038 028 ***150.00

DOCUMENT # P00000030165

1. Entity Name

GRAY AREA COUNSELING SERVICES, INC

Principal Place of Business	Mailing Address
10823 SEMINOLE Blvd Suite 2B SEMINOLE, FL 33778	P.O. Box 3638 CLEARWATER Bch, FL 33767

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
10823 Seminole Blvd	P.O. Box 3638	
Suite, Apt. #, etc. Suite 2B	Suite, Apt. #, etc.	
City & State Seminole, FL	City & State CLW Bch, FL	4. FEI Number 59-3631612 ☐ Applied For ☐ Not Applicable
Zip 33778 County Pinellas	Zip 33767 County Pinellas	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
GARY R. GRAY P.O. Box 3638 CLW Bch, FL 33767	Name GARY R. GRAY Street Address (P.O. Box Number Is Not Acceptable) 1105 WOODLEY RD City CLEARWATER FL Zip Code 33764

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] GARY R. GRAY Owner 4-28-01

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, 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	Owner ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GARY R. GRAY	NAME	
STREET ADDRESS	1105 WOODLEY Rd	STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33764	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] GARY R. GRAY 4-28-01 (727)421-3014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Only OFFICER / Sole Owner