

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90012 040 ***150.00

0369101

DOCUMENT # P00000040849

1. Entity Name

GRAYS LIMITED, INC.

Principal Place of Business

24761 US HWY 19 N, SUITE 630
CLEARWATER FL 33763

Mailing Address

24761 US HWY 19 N, SUITE 630
CLEARWATER FL 33763

643511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4012 CORTEZ RD WEST SUITE 2202
Suite, Apt. #, etc.

3. Mailing Address

4012 CORTEZ RD WEST SUITE 2202
Suite, Apt. #, etc.

City & State

BRANDENTON FL

City & State

BRANDENTON FL

4. FEI Number

59-3644812

Applied For

Not Applicable

Zip

34210

Country

USA

Zip

34210

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOURTAS, LOUIS
24761 US HWY 19 N, SUITE 630
CLEARWATER FL 33763

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, RODNEY	
STREET ADDRESS	24761 US HWY 19 N, SUITE 630	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, MELANIE	
STREET ADDRESS	24761 US HWY 19 N, SUITE 630	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOURTAS, LOUIS	
STREET ADDRESS	24761 US HWY 19 N, SUITE 630	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4012 CORTEZ RD WEST SUITE 2202	
CITY-ST-ZIP	BRANDENTON, FL 34210	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4012 CORTEZ RD WEST SUITE 2202	
CITY-ST-ZIP	BRANDENTON, FL 34210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODNEY GRAY

4/20/01

Date

941-727-9337

Daytime Phone #

CR2E034 (10/00)