

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076581

1. Entity Name
GRAYBRO, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90243 002 ***150.00

Principal Place of Business
3 LITTLE DUNES CIRCLE
FERNANDINA BEACH FL 32034

Mailing Address
3 LITTLE DUNES CIRCLE
FERNANDINA BEACH FL 32034

000000000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
P.O. Box 881

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Fernandina Beach, FL

4. FEI Number
59-3664316

Applied For
Not Applicable

Zip Country

Zip Country
32035

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

WOOD, MARSHALL E
303 CENTRE ST, SUITE 100
FERNANDINA BEACH FL 32034

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PTD GRAY, ROBERT C 3 LITTLE DUNES CIRCLE FERNANDINA BEACH FL 32034 ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VSD GRAY, JOSEPH M 523 JOHNSON LANE OVILLA FL 75154 ☐ 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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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:

Robert C. Gray Robert C. Gray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

904 206 0155

Daytime Phone #

CR2E034 (10/00)