

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0003371 AV

03-14-2002 90013 030 ***150.00

DOCUMENT # P00000076581

1. Entity Name
GRAYBRO, INC.

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

Mailing Address
PO BOX 881
FERNANDINA BEACH FL 32035



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1899 Sycamore Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fernandina Beach, FL

City & State

4. FEI Number **59-3664316**

Applied For
 Not Applicable

Zip **32034** Country **Nassau**

Zip 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

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, 2002 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 **PTD** ☐ Delete
 NAME **GRAY, ROBERT C**
 STREET ADDRESS **3 LITTLE DUNES CIRCLE**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE ☒ Change ☐ Addition
 NAME **1899 Sycamore Lane**
 STREET ADDRESS **Fernandina Beach, FL**
 CITY-ST-ZIP **32034**

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Robert C Gray* **Robert C. Gray Pres.** **3-1-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)