


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91148 017 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>P01000000838</u>			
1. Entity Name <u>Tilab-Grey, Inc.</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>2164 Santa Barbara Blvd</u> Suite, Apt. #, etc.		3. Mailing Address <u>2164 Santa Barbara Blvd.</u> Suite, Apt. #, etc.	
City & State <u>Naples, FL</u>		City & State <u>Naples, FL</u>	
Zip <u>34116</u>	Country <u>USA</u>	Zip <u>34116</u>	Country <u>USA</u>
4. FEI Number <u>59-3701973</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <u>Stephen L. Mixer</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>2164 Santa Barbara Blvd</u>			
City <u>Naples</u>		FL	Zip Code <u>34116</u>
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE <u>Director</u>	NAME <u>Stephen L. Mixer</u>	TITLE	NAME
STREET ADDRESS <u>2164 Santa Barbara Blvd.</u>	CITY-ST-ZIP <u>Naples, FL 34116</u>	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
DO NOT WRITE IN THIS SPACE			
12. 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 10 or on an attachment with an address, with all other like information.			
SIGNATURE: <u>Stephen L. Mixer</u>		4/30/2003	239-593-1580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034B (12/02)