

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2003 8:00 am
Secretary of State

09-09-2003 90028 007 ***550.00

DOCUMENT # P01000035381

1. Entity Name
GRAYTON BEACH DESIGN COMPANY



Principal Place of Business
**12 MAGNOLIA ST
SANTA ROSA BEACH FL 32459**

Mailing Address
**12 MAGNOLIA ST
SANTA ROSA BEACH FL 32459**

2. Principal Place of Business
32 DRISCOLL DRIVE
Suite, Apt. #, etc.

3. Mailing Address
32 DRISCOLL DRIVE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
SANTA ROSA BEACH, FL

City & State
SANTA ROSA BEACH, FL

4. FEI Number **59-3724612**

Applied For
☐ Not Applicable

Zip **32459** Country **USA**

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

6. Name and Address of Current Registered Agent

**TAYLOR, KITTY
12 MAGNOLIA ST
SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent

Name **KITTY TAYLOR**
Street Address (P.O. Box Number is Not Acceptable)
32 DRISCOLL DR.
City **SANTA ROSA BCH FL** Zip Code **32459**

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 *Kitty Taylor*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/5/03

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **TAYLOR, KITTY**
STREET ADDRESS **12 MAGNOLIA ST**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☒ Change ☐ Addition
NAME **KITTY TAYLOR**
STREET ADDRESS **32 DRISCOLL DR.**
CITY-ST-ZIP **SANTA ROSA BEACH, FL. 32459**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kitty Taylor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/03 850-267-9525
Date Daytime Phone #

CR2E034 (4/03)