

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

1022

DOCUMENT # P01000096023

1. Entity Name

Gray Communications Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 18 PM 1:18

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

705 Boardwalk Dr
Suite, Apt. #, etc. 421

3. Mailing Address

705 Boardwalk Dr
Suite, Apt. #, etc. 421

300009701343

12/26/02--01073--005 **150.00

DO NOT WRITE IN THIS SPACE

City & State
Ponte Vedra

City & State
Ponte Vedra FL

4. FEI Number

59-3748672

Applied For

Not Applicable

Zip
32082

Country
ST Johns

Zip
32082

Country
ST Johns

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Terry Gray

Street Address (P.O. Box Number is Not Acceptable)

705 Boardwalk Dr #421

City
Ponte Vedra

FL

Zip Code
32082

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IN THIS SPACE**

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

12/19/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
Gray Sahy DIST
705 Boardwalk Dr #421
Ponte Vedra FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Gray Terry DP
705 Boardwalk Dr #421
Ponte Vedra FL 32082

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/19/02 904 273-3003

CR2E034B (12/01)

202
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12/19/02 PM 1:18

To whom it may concern.

I did not receive the
2 notices that were sent out to
our business. (Gray Communication
Inc)

Thank you
Sally Gray