

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90054 035 ***550.00

DOCUMENT # P02000018471

1. Entity Name
PREMIERE BOOK SERVICES, INC.

Gray's PBS, Inc.



Principal Place of Business
11305 N. 51ST STREET
#A7
TAMPA FL 33617

Mailing Address
11305 N. 51ST STREET
#A7
TAMPA FL 33617

2. Principal Place of Business

5410 Boran Dr.

Suite, Apt. #, etc.

3. Mailing Address

5410 Boran Dr.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33610

Country

USA

City & State

Tampa, FL

Zip

33610

Country

USA

4. FEI Number

75-0301226

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARCUS, GAIL
11305 N. 51ST STREET
#A7
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name

CHARLES GRAY

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

11203 CLAYRIDGE DR

City

TAMPA

FL

Zip Code

33635

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

Charles Gray
Signature, typed or printed name of registered agent and title if applicable.

CHARLES GRAY - PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

9/8/03

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 **P** ☐ Delete
NAME **MARCUS, GAIL**
STREET ADDRESS **11305 N. 51ST STREET**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 lists empowered.

SIGNATURE **CHARLES GRAY** **9/8/03** **813-971-2665**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)