

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90055 036 ***150.00

DOCUMENT # P94000014546

1. Entity Name
FRANK I. GREY, P.A.

Principal Place of Business 5709 TIDALWAVE DRIVE NEW PORT RICHEY FL 34652 US	Mailing Address 5709 TIDALWAVE DRIVE NEW PORT RICHEY FL 34652 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3223387	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GREY, FRANK I
 5709 TIDALWAVE DRIVE
 NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GREY, FRANK I 5709 TIDALWAVE DRIVE NEW PORT RICHEY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Frank I. Grey* **Frank I. Grey** 4-25-2001 847-5854
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment
HOBBY, GREY & REEVES
Attorneys and Counsellors at Law

H. CLYDE HOBBY, PA
FRANK I. GREY, PA
FREDERICK T. REEVES
CLARKE G. HOBBY

5709 TIDALWAVE DRIVE
NEW PORT RICHEY, FLORIDA 34652
TELEPHONE: (727) 847-5854
FACSIMILE: (727) 841-8685

648165
P94000014546

April 25, 2001

State of Florida
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: FRANK I. GREY, P.A.
ANNUAL CORPORATE REPORT
DOCUMENT NO: P-94000014546

Dear Sirs:

Enclosed please find the original Corporate Annual Report for 2001, for Frank I. Grey, P.A., together with check in the amount of \$150.00 for the filing fee.

Thanking you, I remain

Very truly yours,

FIG/pc
Encs.

Frank I. Grey
Frank I. Grey