

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90025 001 \*\*\*150.00

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

DOCUMENT # P94000088678

1. Entity Name

GAIL GRAY BOUBAGIATZIS, P.A.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2470 THE WOODS DRIVE EAST

Suite, Apt. #, etc.

3. Mailing Address

2470 THE WOODS DRIVE EAST

Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL

City & State  
JACKSONVILLE, FL

Zip  
32246

Country  
USA

Zip  
32246

Country  
USA

4. FEI Number  
59-3284077

Applied For  
Not Applicable

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

**14000050**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
GAIL GRAY BOUBAGIATZIS

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

2470 THE WOODS DRIVE EAST

City JACKSONVILLE

FL

Zip Code  
32246

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

*Gail Gray Boubagiatzis, P.A.*  
GAIL GRAY BOUBAGIATZIS, P.A.

*3/15/04*  
DATE

(NOTE: Registered Agent signature required when reinstating)

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. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/S/T/D  
GAIL GRAY BOUBAGIATZIS  
2470 THE WOODS DRIVE EAST  
JACKSONVILLE, FL 32246

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
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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 empowered.

SIGNATURE:

*Gail Gray Boubagiatzis, P.A.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/15/04*  
Date

Daytime Phone #

GAIL GRAY BOUBAGIATZIS, P.A.

CR2E034B (12/02)