

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90072 031 ***150.00

DOCUMENT # P96000004949

1. Entity Name
JAMES F. GRAY & ASSOCIATES, P.A.



Principal Place of Business
**3615 NW 13TH ST. SUITE B
GAINESVILLE FL 32609**

Mailing Address
**3615 NW 13TH ST. SUITE B
GAINESVILLE FL 32609**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3353683**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAY, JAMES F
3615 NW 13TH ST, SUITE B
GAINESVILLE FL 32609**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GRAY, JAMES F**
STREET ADDRESS **3615 NW 13TH ST, SUITE B**
CITY-ST-ZIP **GAINESVILLE FL 32609**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/03 352-371-6303

Date

Daytime Phone #

CR2E034 (4/03)

Attachment 80138020

JAMES F. GRAY

& ASSOCIATES, P.A.

3615-B N.W. 13TH STREET
GAINESVILLE, FLORIDA 32609

E-MAIL ADDRESS:
PAPAGRAY1@AOL.COM

TELEPHONE: (352) 371-6303
FACSIMILE: (352) 371-4722

August 11, 2003

Florida Department of State
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

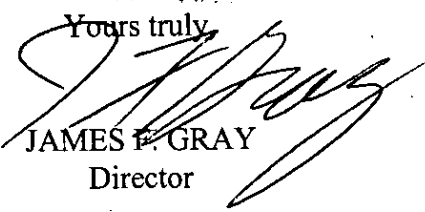
Re: Document #P96000004949
James F. Gray & Associates, P.A.

Dear Sir/Madam:

With regard to the above referenced corporation, enclosed please find my completed report and check No.: 8797 in the amount of \$150.00 for the filing fee.

I am requesting that you waive the late fee. I did not receive my first notice from you regarding my yearly filing fee. I apologize for my oversight for not contacting you regarding my form. In the future I will mark my calendar on this matter.

Yours truly,


JAMES F. GRAY
Director

JFG/dag
Enclosures