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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3353683 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRAY, JAMES F	Name
3615 NW 13TH ST, SUITE B	Street Address (P.O. Box Number is Not Acceptable)
GAINESVILLE FL 32609	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	TITLE	☐ Change ☐ Addition
NAME	GRAY, JAMES F	NAME	
STREET ADDRESS	3615 NW 13TH ST, SUITE B	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (4/03)

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 8/11/03 352-371-6303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 801380200

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, flroida 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