

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033709

1. Entity Name  
WD GREY, INC.

Principal Place of Business  
8808 GUS HIPP BLVD  
ROCKLEDGE FL 32955

Mailing Address  
PO BOX 560472  
ROCKLEDGE FL 32955

2. Principal Place of Business  
380 GUS HIPP BLVD  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 560472  
Suite, Apt. #, etc.

City & State  
ROCKLEDGE FL 32955

City & State  
ROCKLEDGE FL 32955

Zip Country  
32955 USA BREVARD

Zip Country  
32955 USA BREVARD

## 6. Name and Address of Current Registered Agent

CLOAN, CHRISTOPHER L  
380B GUS HIPP BLVD  
ROCKLEDGE FL 32955

4. FEI Number 59-3373496

Applied For  
Not Applicable

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

## 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**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. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CLOAN, CHRISTOPHER L	
STREET ADDRESS	PO BOX 560472	
CITY-ST-ZIP	ROCKLEDGE FL 32955-0472	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 a power of attorney.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER L CLOAN, PRESIDENT

321-632-7077

Date

Daytime Phone #

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
04-10-2001 90135 029 \*\*\*150.00

**D0033573**



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)