2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # **P96000096671** 1. Entity Name GRAY MATERIALS & CONTRACTING, INC. 04-17-2001 90019 028 ***150.00 Principal Place of Business Mailing Address PO BOX 491600 1229 LUCAS STREET LEESBURG FL 34749-1600 LEESBURG FL 34748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3414138 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Gray, <u>Michael</u> (address change only) GRAY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 9821 Wedgewood Lane 1302 SOUTH 8TH STREET LEESBURG FL 34748 Leesburg Zip Code 34788 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition □ Delete TITLE TITLE NAME NAME GRAY, MICHAEL STREET ADDRESS 9821 Wedgewood Lane STREET ADDRESS 1302 SOUTH 8TH STREET CITY-ST-ZIP Leesburg, FL 34788 CITY-ST-ZIP LEESBURG FL ☐ Addition X Change ☐ Delete TITLE TITLE STD NAME GRAY, LINDA A NAME STREET ADDRESS 9821 Wedgewood Lane STREET ADDRESS 1302 SOUTH 8TH STREET CITY-ST-702 Leesburg, FL 34788 CITY-ST-ZIP LEESBURG FL TITLE ___.Change__ ___ Addition TITLE-Dec ----NAME SCAMBLER, GLENN A NAME STREET ADDRESS 12705 DRAKE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE PARK FL ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: Much or Light NAME OF SIGNING OFFICER PADIRE

4/3/01

352-787-1188

Daytime Phone #