## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Apr 19, 2001 8:00 am Secretary of State DOCUMENT # **P97000046438** PRILL, GRAY & ASSOCIATES, INC. 04-19-2001 90018 023 \*\*\*158.75 Principal Place of Business Mailing Address 1660 W MCNAB ROAD 1660 W MCNAB ROAD FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 949928 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0751452 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRAY, WILLIAM D Street Address (P.O. Box Number is Not Acceptable) 1660 W MCNAB ROAD FT LAUDERDALE FL 33309 Zip Code City Fl 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. 12. CR2E034 (10/00) TITLE ☐ Delete Change GRAY, CARMEN P NAME NAME STREET ADDRESS STREET ADDRESS 1660 W MCNAB ROAD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 TITLE □ Delete TITLE VTD Change ☐ Addition GRAY, WILLIAM D NAME NAME GRAY, WILLIAM D STREET ADDRESS STREET ADDRESS 1660 W MCNAB ROAD 1660 W MCNAB ROAD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 TITLE ☐ Detete TITLE **XX**Change ☐ Addition DUNLAP, HELEN --NAME NAME DUNLAP, HELEN STREET ADDRESS STREET ADDRESS 1660 W MCNAB ROAD 1660 W MCNAB ROAD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE 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-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of trustee empowers to exempt 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 wit

OFFICER OR DIRECTOR

Date

Daytime Phone #