

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90133 018 \*\*\*150.00

**DOCUMENT # P97000058302**  
 1. Entity Name  
**GRAY'S ELECTRONICS, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>201-C COMMONWEALTH BLVD.<br/>ALLANDALE FL 32127</b> | Mailing Address<br><b>201-C COMMONWEALTH BLVD.<br/>ALLANDALE FL 32127-5575</b> |
|---|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3461520</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**GRAY, RUSSELL**  
**103 E. WINTERNATIONAL SPEEDWAY BLVD.**  
**DAYTONA BEACH FL 32127**

**7. Name and Address of New Registered Agent**  
 Name **GRAY, RUSSELL**  
 Street Address (P.O. Box Number Is Not Acceptable) **103 E. INTERNATIONAL SPEEDWAY BLVD**  
 City **DAYTONA BEACH** FL Zip Code **32118**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP | <b>D GRAY, RUSSELL 3750 S. ATLANTIC AVE., UNIT 20 DAYTONA BEACH FL 32127</b> | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | <b>D GRAY, RUSSELL 103 E. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32118</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | <b>C/M ROBERT W. GRAY 3750 S. ATLANTIC AVE #20 DAYTONA BEACH FL 32127</b>         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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.

SIGNATURE: \_\_\_\_\_ **4/10/2000** **904 322 0904**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)