

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90123 023 ***150.00

04/09/03 11:47 AM

DOCUMENT # P97000058302

1. Entity Name
GRAY'S ELECTRONICS, INC.



Principal Place of Business
**201-C COMMONWEALTH BLVD.
ALLANDALE FL 32127**

Mailing Address
**201-C COMMONWEALTH BLVD.
ALLANDALE FL 32127**

2. Principal Place of Business
201 C COMMONWEALTH

Suite, Apt. #, etc.
C

3. Mailing Address
201 COMMONWEALTH BLV

Suite, Apt. #, etc.
C

City & State
PORT ORANGE FL

City & State
PORT ORANGE FL

Zip
32127

Country
USA

Zip
32127

Country
USA

4. FEI Number **59-3461520**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GRAY, RUSSELL
103 E. WINTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name
GRAY ROBERT W.

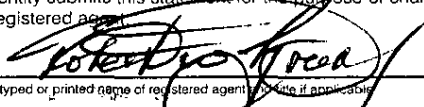
Street Address (P.O. Box Number is Not Acceptable)
5440 WARD LAKE DR

City
PORT ORANGE

State
FL

Zip Code
32128

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GRAY, RUSSELL 103 E. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM <input type="checkbox"/> Delete GRAY, ROBERT W 3750 S. ATLANTIC AVE #20 DAYTONA BEACH FL 32127
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GRAY, RUSSELL 50 TEAL ST. WINDSOR BY THE SEA FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GRAY ROBERT W 5440 WARD LAKE DR PORT ORANGE FL 32128
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

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:  **ROBERT W. GRAY** **4/7/03** **3863220904**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)