

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90018 013 ***150.00

DOCUMENT # P99000016086

1. Entity Name

GRAY INTERNATIONAL CORP.

Principal Place of Business

5205 FAR OAK CIRCLE
 SARASOTA FL 34238

Mailing Address

5205 FAR OAK CIRCLE
 SARASOTA FL 34238-2782

2. Principal Place of Business

4908 Bridgehampton Blvd
 Suite, Apt. #, etc.

3. Mailing Address

4908 Bridgehampton Blvd.
 Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

SARASOTA, FL

4. FEI Number

65-0896970

Applied For
 Not Applicable

Zip
 34238

Country
 USA

Zip
 34238

Country
 USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEVITT, SANDY
 2201 RINGLING BLVD, SUITE 203
 SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name: Daniel L Prewett
 Street Address (P.O. Box Number is Not Acceptable): 5777 Beneva Rd.
 City: Sarasota FL Zip Code: 34233

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: *Daniel L Prewett* / *D. Prewett* DATE: 1/24/00
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, 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	D GRAY, JAIME <input type="checkbox"/> Delete 5205 FAR OAK CIRCLE 4908 Bridgehampton Blvd. SARASOTA FL 34238 SARASOTA, FL 34238
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	Pres / VP / Sec / Treas / Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Call Else Same
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: *Jaime Gray* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1/24/00 DAYTIME PHONE #