

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

3. Mailing Address

4908 Bridgehampton Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

SARASOTA FL

4. FEI Number

65-0896970

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/00

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 D  
NAME GRAY, JAIME  
STREET ADDRESS 5205 FAR OAK CIRCLE  
CITY-ST-ZIP SARASOTA FL 34238

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres / VP / Sec / Tre / Dir  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

01-29-2000 90018 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE