

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90059 047 \*\*\*150.00

**DOCUMENT # P99000020202**

1. Entity Name  
**GRAY'S TOOLS, INC.**

Principal Place of Business

Mailing Address

**26TH STREET WEST  
FL 34207**

**6627 26TH STREET WEST  
BRADENTON FL 34207-5704**

2. Principal Place of Business

**4302 39th St. W, #4**  
Suite, Apt. #, etc.

3. Mailing Address

**4302 39th St W, #4**  
Suite, Apt. #, etc.

City & State  
**Bradenton, FL**

City & State  
**Bradenton, FL**

4. FEI Number

**65-0904351**

Applied For

Not Applicable

Zip  
**34205**

Country  
**USA**

Zip  
**34205**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GRAY, DUANE L  
6627 26TH STREET WEST  
BRADENTON FL 34207**

7. Name and Address of New Registered Agent

Name  
**Gray, Duane L**  
Street Address (P.O. Box Number is Not Acceptable)  
**4302 39th Street West, #4**  
City  
**Bradenton** FL Zip Code  
**34205**

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 *Duane L. Gray*  
Signature, typed or printed name of registered agent and title if applicable.

**Duane L. Gray, President**

**4/17/00**  
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	PD GRAY, DUANE L 6627 26TH STREET WEST BRADENTON FL 34207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST GRAY, MICHELLE 6627 26TH STREET WEST BRADENTON FL 34207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, MICHELLE 6627 26TH STREET WEST BRADENTON FL 34207	<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	PD Gray, Duane L 4302 39th Street West, #4 Bradenton, FL 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST Gray, Michelle 4302 39th Street West, #4 Bradenton, FL 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gray, Michelle 4302 39th Street West, #4 Bradenton, FL 34205	<input checked="" 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: *Michelle Gray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/00** **941/7390337**  
Date Daytime Phone #

CR2E034 (9/99)