

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2000 8:00 an
Secretary of State**

02-07-2000 90041 037 ***150.00

DOCUMENT # P99000022361

1. Entity Name

GRAY'S ULTRA SONIC BLIND CLEANING, INC.

Principal Place of Business

Mailing Address

1029 WEST MAGNOLIA STREET
LEESBURG FL1029 WEST MAGNOLIA STREET
LEESBURG FL 34748-5730

00015714

2. Principal Place of Business

3. Mailing Address

709-7 Perkins St

PO Box 491407

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LEESBURG, FL

LEESBURG, FL

City & State

City & State

4. FEI Number

59-3574516

Applied

Not

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

34748

USA

34749-1407

USA

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, L E
1029 WEST MAGNOLIA STREET
LEESBURG FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** ..
Added to ..

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRAY, GARY E
PO BOX 491407
LEESBURG FL 34749-1407 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GRAY, GARY (G) ☒ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRAY, HOLLEY B
PO BOX 491407
LEESBURG FL 34749-1407 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GRAY, HOLLEY ☒ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐TITLE
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CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

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 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1-21-00 3523149478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #