

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000042778**

1. Entity Name
MOLEN GRAY DEVELOPMENT, INC.



Principal Place of Business
1050 NW 52ND ST
FT LAUDERDALE FL 33309
US

Mailing Address
1050 NW 52ND ST
FT LAUDERDALE FL 33309
US

2. Principal Place of Business
1121 NW 51 Court

3. Mailing Address
1121 NW 51 Court

Suite, Apt. #, etc.

City & State
FT Lauderdale, FL

City & State
FT Lauderdale, FL

Zip
33309

Country
Broward

Zip
33309

Country
Broward

4. FEI Number
65-0917571

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LEVINE & SEGAUL, P.A.
SUITE A-106, 4300 N UNIVERSITY DRIVE
FORT LAUDERDALE FL 33351**

7. Name and Address of New Registered Agent

Name
JACK D GRAY

Street Address (P.O. Box Number is Not Acceptable)
1121 NW 51 Court

City
FT Lauderdale

FL
33309

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

Jack D Gray

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

(NOTE: Registered Agent signature required when reinstating)

4/17/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAY, JACK D 1050 NW 52ND ST FORT LAUDERDALE FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1121 NW 51 Court FT Lauderdale FL 33309	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

9819387556

Date

Daytime Phone #