

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047063

1. Entity Name  
GRAY FOX, INC.

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**  
04-20-2001 90179 028 \*\*\*150.00

Principal Place of Business  
2482 S.W. AVONDALE ST.  
PORT ST. LUCIE FL 34984

Mailing Address  
~~2482 S.W. AVONDALE ST.~~  
~~PORT ST. LUCIE FL 34984~~

A0052773



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
240 Neptune Ave.  
Suite, Apt. #, etc.  
Ft. Lauderdale FL.

3. Mailing Address  
240 Neptune Ave.  
Suite, Apt. #, etc.

City & State

City & State  
Ft. Lauderdale FL

4. FEI Number 65-0921305

Applied For  
Not Applicable

Zip  
33308

Country  
Broward

Zip  
33308

Country  
Broward

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

PERRY, CATHERINE M  
2482 S.W. AVONDALE ST.  
PORT ST. LUCIE FL 34984

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, 2001 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PERRY, CATHERINE M  
CITY-ST-ZIP 2482 SW AVONDALE ST  
PORT SAINT LUCIE FL 34984

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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

Catherine Perry 4/13/01 954-229-9463  
Date Daytime Phone #

CR2E034 (10/00)