

FILED
Jul 24, 2002 8:00 am
Secretary of State

06-24-2002 90298 018 ***150.00

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

DOCUMENT # **799000047063**

1. Entity Name
GRAY FOX INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
240 Neptune Ave.

Suite, Apt. #, etc.

3. Mailing Address
240 Neptune

Suite, Apt. #, etc.

City & State
FL Lauderdale FL

City & State
FL Lauderdale FL

Zip
33308

Country
USA

Zip
33308

Country
USA

4. FEI Number
65-6921305

Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Catherine Perry

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

240 Neptune Ave

City
FL Lauderdale

Zip Code

33308

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 removing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PERRY Catherine
240 Neptune Ave
FL Lauderdale, FL 33308

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Catherine Perry

4/28/02

954-229-9463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)