FILED May 03, 2002 8:00 am Secretary of State

05-03-2002 90162 007 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

S79481

DOCUMENT # 1. Entity Name

GRAYSON ASSOCIATES, INC.

| Principal Place of Busin |
|--------------------------|
| 1171 N OCEAN BLVD. |
| GULFSTREAM FL 33483 |

Mailing Address 1171 N OCEAN BLVD. GULESTREAM FL 33483



| | I Place of Business | 3 Mailing Address | 11. | | | | |
|---|--|-----------------------------|---|--|----------------------------|--|--|
| | | Mailing Address | 3 <i>6</i> 09 <u>6</u> 5 | 1 2001/010 111 10018 50(11 0) 001 10121 5141 0(0)/ 1 | insi Dinii Dinii D | 11611 a i 5 (1 1 66) | |
| Suite, Ar | ot. #, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS S | SPACE | | |
| City & St | ate | City & State | , CT | 4. FEI Number 00-0045050 | Ap | plied For | |
| Zip | Country | -HIRFIELD | | 06-0845658 | | t Applicabl | |
| | | 06432 | Country | | \$8.75 Add Fee Required | | |
| | 6. Name and Address of Current Re | egistered Agent | | 7. Name and Address of New Registered A | gent | | |
| GRAYSON, NANCY | | | Name | Name | | | |
| | OCEAN BLVD | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | REAM FL 33483 | | | | | | |
| | | | | | | | |
| | | | City | FL | Zip Code | , | |
| 3. The abov | e named entity submits this statement for th | ne purpose of changing its | registered office or regis | stered agent, or both, in the State of Florida. | | | |
| | | | | of the desire of the state of t | | | |
| SIGNATURE | | _ | | | | | |
| | Signature, typed or printed name of registered agent and | title if applicable. (NOTE: | : Registered Agent signature requi | ired when reinstating) DATE | | | |
| 9. This corp | oration is eligible to satisfy its Intangible | FILE NOW!! | ! FEE IS \$150.00 | | | | |
| Tax filing | requirement and elects to do so. | After May 1, 200 | 2 Fee will be \$550.00 | will be \$550,00 10. Election Campaign Financing | | May Be | |
| | eria on back) | Make Check Payabi | e to Department of S | tate Trust Fund Contribution. | Added | | |
| 11. | OFFICERS AND DIF | RECTORS | 12. | ADDITIONS/CHANGES TO OFFICERS AND D | DIRECTORS | JN 11 | |
| ITLE | P | ☐ Delete | TITLE | | Change | ☐ Addition | |
| IAME | GRIEK, DOMINIC | | NAME | • | Onlings | Addition | |
| - | 4050 DADIK AVENUE | | NAME | | | | |
| STREET ADDRESS | 4059 PARK AVENUE | | STREET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | 4059 PARK AVENUE FAIRFIELD CT 06614-06432 | | _ | | | | |
| STREET ADDRESS CITY-ST-ZIP | 4059 PARK AVENUE FAIRFIELD CT 06614-06432 DV | ☐ Delete | STREET ADDRESS | | 7 Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP TITLE JAME | 4059 PARK AVENUE FAIRFIELD CT 06614-06432 DV GRAYSON, NANCY | □ Delete | STREET ADDRESS CITY-ST-ZIP TITLE NAME | | ☐ Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS | 4059 PARK AVENUE FAIRFIELD CT 06614-06432 DV GRAYSON, NANCY 1171 N OCEAN BLVD. | ☐ Delete | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | [| Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4059 PARK AVENUE FAIRFIELD CT 96614- 06 432 DV GRAYSON, NANCY 1171 N OCEAN BLVD. GULFSTREAM FL 33483 | | STREET ADDRESS CITY-ST-ZIP TITLE NAME | [| Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS CITY-ST-ZIP | 4059 PARK AVENUE FAIRFIELD CT 96614- 06 432 DV GRAYSON, NANCY 1171 N OCEAN BLVD. GULFSTREAM FL 33483 DV | ☐ Delete | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | ☐ Addition | |
| STREET ADDRESS SITY-ST-ZIP ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE AME | 4059 PARK AVENUE FAIRFIELD CT 96614- 06 432 DV GRAYSON, NANCY 1171 N OCEAN BLVD. GULFSTREAM FL 33483 DV GRAYSON, KATHERINE | | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | | |
| STREET ADDRESS SITY-ST-ZIP ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS | 4059 PARK AVENUE FAIRFIELD CT 06614- 06 432 DV GRAYSON, NANCY 1171 N OCEAN BLVD. GULFSTREAM FL 33483 DV GRAYSON, KATHERINE 79 TEMPLAR PLACE | | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | | |
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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

SIGNATURE:

4-16-2002