

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90320 016 ***150.00

DOCUMENT # S93161

1. Entity Name

Harry Gray Associates of Florida, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11094 Beach Club Point

Suite, Apt. #, etc.

Lost Tree Village

City & State

North Palm Beach

Zip

33408

Country

US

3. Mailing Address

11094 Beach Club Point

Suite, Apt. #, etc.

Lost Tree Village

City & State

North Palm Beach

Zip

33408

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0291224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

The Prentice-Hall Corporation System, Inc.

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

1201 Hayes Street

Suite 105

City

Tallahassee

FL

Zip Code

32301

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$6125
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	PTD Gray, Harry J. 11094 Beach Club Pt LTV North Palm Beach FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Gray, Helen B. 11094 Beach Club Pt LTV North Palm Beach FL 33408
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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)(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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-08-2002 561-694-2347