

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90019 028 ***150.00

DOCUMENT # P94000034808

1. Entity Name
GARY TRAYER CONTRACTOR, INC.

Principal Place of Business Mailing Address
5771 STEWART AVE **5771 STEWART AVE**
PORT ORANGE FL 32127 **PORT ORANGE FL 32127**

920220



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3520 S NOVA RD **PO Box 291967**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Port Orange FL **Port Orange FL**

Zip Country Zip Country
32119 **32129** **32129** **32129** **32129**

4. FEI Number **59-3243924** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
TRAYER, GARY B
5771 STEWART AVE
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3520 S NOVA RD # 540
 City **Port Orange FL** Zip Code **32119**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DPO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAYER, GARY B	NAME	
STREET ADDRESS	5771 STEWART AVE	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	CITY-ST-ZIP	
TITLE	DVPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAYER, ELIZABETH A	NAME	
STREET ADDRESS	5771 STEWART AVE	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Gary B Trayer* *Elizabeth A Trayer V.P.* Date: 1/23/01 Daytime Phone # 904-761-5238

CR2E034 (10/00)