

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

05-08-2002 90135 027 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034808

1. Entity Name
GARY TRAYER CONTRACTOR, INC. ✓

Principal Place of Business
**3520 S. NOVA RD. #540
PORT ORANGE FL 32119**

Mailing Address
**P.O. BOX 386
PORT ORANGE FL 32129**

**263 SYLVAN LANE
MILL SPRING, NC 28756**

2. Principal Place of Business
**263 SYLVAN LANE
MILL SPRING, NC 28756**

3. Mailing Address
**P.O. Box 386
PORT ORANGE FL 32129**

Suite, Apt. #, etc. _____
City & State _____
Zip _____ Country _____

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

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**TRAYER, GARY B
3520 S. NOVA RD. #540
PORT ORANGE FL 32119**

7. Name and Address of New Registered Agent
Name **Keri Hunt**
Street Address (P.O. Box Number is Not Acceptable) **2616 Queen Palm Dr**
City **Edgewater** FL Zip Code **32141**

8. The above named party submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *[Signature]* DATE: **6/14/02**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so:

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$650.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution: **\$6.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P TRAYER, GARY B 5771 STEWART AVE FORT ORANGE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete VT TRAYER, ELIZABETH A 5771 STEWART AVE PORT ORANGE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete S SPENCER, DAVIS S 1571 GRANADA AVENUE HOLLY HILL FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information disclosed on this report or supplemental report is true and accurate and that my signature on this report is the same as the signature on the certificate of incorporation or articles of incorporation, or on an attachment with an address, with all other the empowered.

SIGNATURE: *[Signature]* DATE: **6/14/02**

CR2003(8)(1)