

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

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90413 031 ***150.00

DOCUMENT #

1. Entity Name

TRAYLOR & GRATTON
CERTIFIED PUBLIC ACCOUNTANTS

117020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1260 S Federal Hwy
Suite, Apt. #, etc.
Suite 101

3. Mailing Address

15 North Harbour Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boynton Beach, FL

City & State

Ocean Ridge, FL

4. FEI Number

59-1943849

Applied For

Not Applicable

Zip
33435

Country
Palm Beach

Zip
33435

Country
Palm Beach

5. Certificate of Status Desired

**\$8.75 Additional
Fees Required**

7. Name and Address of Current Registered Agent

Name

Barbara S Traylor

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

15 N Harbour Drive

City

Ocean Ridge

FL

Zip Code

33435

**DO NOT WRITE
IN THIS SPACE**

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 \$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	PD Barbara S Traylor 15 N Harbour Drive	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ocean Ridge, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lucy Cole Gratton 531 Berry Patch Road	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Murphy, NC 28906	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address with all other like empowered.

SIGNATURE

Lucy Cole Gratton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 3, 2002

Date

Daytime Phone #

CR2E034B (12/01)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 639720

1. Entity Name
TRAYLOR & GRATTON CERTIFIED PUBLIC ACCOUNTANTS

Principal Place of Business
 1260 S. FEDERAL HWY. STE. 101
 BOYNTON BCH FL 33435

Mailing Address
 1260 S. FEDERAL HWY. STE. 101
 BOYNTON BCH FL 33435

*Attachment
 117020*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

15 S Harbour Drive

Suite, Apt. #, etc.

City & State

City & State
Ocean Ridge, FL

Zip

Country

Zip
33435

Country

Palm Beach

4. FEI Number

59-1943849

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

**TRAYLOR, BARBARA S
 1260 S. FEDERAL HWY. STE. 101
 BOYNTON BCH FL 33435**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 registering)

DATE

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	PD	<input type="checkbox"/> Delete
NAME	TRAYLOR, BARBARA S.	
STREET ADDRESS	15 N. HARBOUR DR.	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GRATTON, LUCY C.	
STREET ADDRESS	1260 S. FEDERAL HWY #101	
CITY-ST-ZIP	BOYNTON BEACH FL 33435-6089	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

COPY

3. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(1), Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that by name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE: *[Signature]*