

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008991

1. Entity Name

GRACE'S ATTIC, LLC

Principal Place of Business

2815 MORRISON AVENUE
TAMPA FL 33629

Mailing Address

2815 MORRISON AVENUE
TAMPA FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

EVANGELISTA, JAMES J
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

FILED

01 MAR 26 AM 9:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3662558

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

6000003953416--3
--04/03/01--01068--004
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

10.

ADDITIONS/CHANGES

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

President/CEO.
Rebecca Evangelista
2815 W. Morrison Ave.
Tampa, FL 33629
Chief Financial Officer/COO
Jim Evangelista
2815 W. Morrison Ave.
Tampa FL 33629

☐ Change ☒ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Rebecca Evangelista 3/12/01

813/
348-9278

CR2E083 (11/00)