

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

09-04-2002 90092 034 \*\*\*\*61.25

DOCUMENT # N01000003703

1. Entity Name

Mothers of Incarcerated Sons, Inc.

**DO NOT WRITE IN THIS SPACE**

B0135816

2. Principal Place of Business  
109 Cumberland Circle E.

Suite, Apt. #, etc.

3. Mailing Address  
P. O. Box 160576

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Longwood, Florida

City & State  
Altamonte Springs, Florida

4. FEI Number 59-3731742

Applied For  
Not Applicable

Zip  
32779

Country  
Seminole USA

Zip  
32716

Country  
Seminole USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Sherry Grace

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

109 Cumberland Circle E.

City Longwood, FL Zip Code 32779

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

*Sherry Grace Founder-Executive Director 08-29-02*  
(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Founder/Executive Director  
Sherry Grace  
109 Cumberland Circle E. Longwood, FL 32779

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Director, Pamela Simons  
253 Springs Colons Circle  
Altamonte Spgs 32714

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Director, Stanton Reed  
1256 Nottingham St.  
Orlando, Florida

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037B (12/01)

Attachment #

N01000003703

Mothers of Incarcerated Sons, Inc.  
P.O. Box 160576  
Altamonte Springs, Florida 32716

August 29, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

To Whom It May Concern:

It was brought to my attention by my C.P.A. that our corporation had not filed the Uniform Business Report (URB) required by the State of Florida. Apparently we never received the form.

Attached please find the respective UBR with the appropriate fee of \$61.25 for:

Mothers of Incarcerated Sons, Inc.  
Document #N01000003703

Thank you for patience in this matter.

Respectively,



Sherry Grace, Founder/Executive Director  
Mothers of Incarcerated Sons, Inc.

Encl.