

AMENDED

09-30-2002 901 76 036 *****61.25
FILED
SECRETARY OF STATE P00000020230
DIVISION OF CORPORATIONS

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

DOCUMENT # P00000020230

02 OCT -3 PM 12: 01

1. Entry Name
DAWN GRACE-JONES, P.A.

678315

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3600 SOUTH STATE RD. 7
Suite, Apt. #, etc.
STE. 355

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIRAMAR FL

City & State

4. FEI Number
65-0986835

Applied For
Not Applicable

Zip
33023

Country
U.S.A.

Zip
Country

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
DAWN GRACE-JONES

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

3943 W. LAKE ESTATES

City DAVIE FL Zip Code 33328

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 

(NOTE: Registered Agent signature required when reappointing)

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
DAWN GRACE-JONES - PRES. (D)
3943 W. LAKE ESTATES DRIVE
DAVIE, FL. 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
THEOPHILUS T. JONES. SECRETARY /
5500 PEMBROKE RD. TREASURER
HOLLYWOOD, FL. 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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, title, or like identifying data.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-24-02

DATE

DAYTIME PHONE #

CR2E034B (12/01)

10/7/02