


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90260 033 ***150.00

DOCUMENT # 137404

1. Entity Name
GRACEWOOD, INCORPORATED



Principal Place of Business
**1626 90TH AVE.
P.O. BOX 370
VERO BEACH FL 32961-7370**

Mailing Address
**1626 90TH AVE.
P.O. BOX 370
VERO BEACH FL 32961-7370**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-0604109**

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LUTHER, JOHN M
1626 90TH AVE.
VERO BEACH FL 32966**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	RICHARDSON, DANFORTH K.	
STREET ADDRESS	1855 28 AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, MARJORIE H	
STREET ADDRESS	1855 28 TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LUTHER, JOHN M.	
STREET ADDRESS	555 SOUTH A1A	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KAHLE, GEORGE A.	
STREET ADDRESS	6020 SW 5TH ST.	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	HOPKINS, SUSAN R.	
STREET ADDRESS	1580 GRACEWOOD LN.	
CITY-ST-ZIP	VERO BCH. FL 32963	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PEREZ, TOMAS RENE	
STREET ADDRESS	2019 CORTEZ AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luther, Nancy R.	
STREET ADDRESS	555 S A1A	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kahle, Sandra R.	
STREET ADDRESS	6020 S.W. 5th St	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOPKINS, CARTER W.	
STREET ADDRESS	1580 Gracewood Ln.	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tomas Rene Perez **Sec/Treas. April 15, 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)