

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 239719

FILED
Jan 03, 2003
Secretary of State

Entity Name: GRACE & COMPANY, INCORPORATED

Current Principal Place of Business:

ELROY C. GRACE
865 S LANE AVE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

ELROY C. GRACE
865 S LANE AVE
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-0906107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRACE, ELROY C
4737 EXETER LANE
JACKSONVILLE, FL 32210

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRACE, ELROY C,
Address: 4737 EXETER LANE
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: GRACE, WALTER E,
Address: 4637 LANCELOT LANE
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: GRACE, FORBES D,
Address: 1544 DELAWARE AVENUE
City-St-Zip: JACKSONVILLE, FL

Title: STD () Delete
Name: GRACE, ROBERT B,
Address: 1002 WOOD HILL PLACE
City-St-Zip: JACKSONVILLE, FL

Title: AS () Delete
Name: LEE, ANNE G,
Address: 4816 AVON LANE
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: GRACE, ROBERT B,
Address: 7719 DEERWOOD POINT CT
City-St-Zip: JACKSONVILLE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELROY C. GRACE

PD

01/03/2003

Electronic Signature of Signing Officer or Director

_____ Date