## 2004 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: Juliet Siener, In Hubert Graves, Jr. 19865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOCUMENT # 307744** 

1. Entity Name

HUBERT GRAYES CITRUS, INC.



## **FILED** Apr 22, 2004 8:00 am Secretary of State 04-22-2004 90080 015 \*\*\*150.00

772 562-7361

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	DO NOT WRIT	E IN THIS S	SPACE		
	lace of Business イビ AVE	3. Mailing Address	3. Mailing Address P.O. 1307 6190		
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State VERO BEACH, EL			VERO BEACH, FL		4. FEI Number         Applied For           59-114 7842         Not Applicable
Zip 32960	Country U 5	Zip 32961	Country U S		5. Certificate of Status Desired Same and Address of Current Registered Agent
: h f			Name		
	WRITE		ORAVES JR. HUBERT		
teringen vi grad	PACE	72	Street Address*(P.O. Box Number is Not Acceptable) 2205 1414 AVE		
	114 11110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1TE 20	
ļ Ē			City V	RO BE	ACH FL Zip Code 32960
	named entity submits this statemer ions of registered agent.	nt for the purpose of changing	its registered office of	registered	agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printer game of registered a	gent and title if applicable. (I	NOTE: Registered Agent signal	ure required wh	nen reinstating) DATE
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Departmen			· ·	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	<u> vari su 170 au 6 milio vari il que l'Aren un la juga per ser un selle se la saccional se la c</u>	ND DIRECTORS		<del></del>	
TITLE	GRAVES, SEANNES	•	TITLE		
NAME STREET ADDRESS	4575 ROSEDALE RD	,	NAME STREET ADDRESS	<u> </u>	
CITY-ST-ZIP	VERO BEACH, FL 32	966	CITY-ST-ZIP	ļ	
TITLE	0.0		TITLE		
NAME	HOBRAVES, JR. HUBI	2161	NAME	1	
STREET ADDRESS CITY-ST-ZIP	VERO BEACH, FL 32	966	STREET ADDRESS CITY-ST-ZIP		
TITLE			THIE		
NAME	HOOVER, SANIE GRAV	<del></del>	NAME		a service de la companya de la comp
STREET ADDRESS CITY-ST-ZIP	WERD BEACH, FL 32	446	STREET ADDRESS CITY-SI-ZIP	<u>.</u>	DO NOT WRITE
TITLE	D		TIFLE	<del></del>	
NAME	GRAVES, JULIA A. 45TS ROSEDALE RD.		NAME		IN THIS SPACE
STREET ADDRESS	4575 ROSEDALERD.		STREET ADDRESS		
CITY-ST-ZIP	VERO BERCHIFL 324 BARTLETT, JEANE GR	46	CITY-ST-ZIP	ļ	
TITLE NAME	BARTLETT, JEANE GR	AYES	TITLE NAME		
STREET ADDRESS	4575 ROSEPALE RD.		STREET ADDRESS	1	
CITY-ST-ZIP	VERO BEACH, FL 324	66	CITY-ST-ZIP		
TITLE			TITLE		
NAME STREET ADDRESS			NAME STREET ADDRESS	}	
CITY-ST-ZIP			CITY-ST-ZIP	1	
indicated of the co	on this report or supplemental repo	ort is true and accurate and the empowered to execute this re	at my signature shall h	ave the sa	tion 119.07(3)(i), Florida Statutes. I further certify that the information me legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or on an