2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 22, 2000 8:00 am Secretary of State DOCUMENT # 392266 1. Entity Name ROBERT B. GRACE & CO. 01-22-2000 90038 013 ***150.00 Principal Place of Business Mailing Address 9471 BAYMEADOWS RD 9471 BAYMEADOWS RD STE 407 STF 407 B0005938 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256-7937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1381839 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GRACE. ROBERT 8** Street Address (P.O. Box Number is Not Acceptable) #1735 1002 WOOD HILL PLACE JACKSONVILLE FL 32256 KS0NU/45E 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition TITLE ☐ Defete TITLE GRACE: ROBERT B NAME NAME 10113 WHIPPOORWILL HAWE # 1735 TACKSONVILLE, FL 32256 STREET ADDRESS 1002 WOOD HILL PLACE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Change ☐ Delete TITI F TITLE GRACE, BETTY G. NAME TACKSONVILLE, FL 32256 NAME 1002 WOOD HILL PLACE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP VS ☐ Change ☐ Addition TITLE -☐ Delete TITLE GRACE, BETTY G NAME NAME 1002 WOOD HILL PLACE STREET ADDRESS STREET ADDRESS ,1 CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL ☐ Change Addition TITLE ☐ Delete TITLE GRACE, ROBERT B. NAME STREET ADDRESS 15 1002 WOOD HILL PLACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL ☐ Change Addition TITLE ☐ Delete TITLE GRACE, ROBERT B NAME . . STREET ADDRESS STREET ADDRESS 1002 WOOD HILL PLACE -CITY-ST-7P CITY-ST-ZIP JACKSONVILLE FL ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 frostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.