

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 392266

1. Entity Name
ROBERT B. GRACE & CO.

Principal Place of Business Mailing Address
9471 BAYMEADOWS RD 9471 BAYMEADOWS RD
STE 407 STE 407
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

GRACE, ROBERT B
7719 DEERWOOD POINT COURT
JACKSONVILLE FL 32256

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	GRACE, ROBERT B	
STREET ADDRESS	7719 DEERWOOD POINT COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRACE, BETTY G.	
STREET ADDRESS	7719 DEERWOOD POINT COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GRACE, BETTY G	
STREET ADDRESS	7719 DEERWOOD POINT COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRACE, ROBERT B.	
STREET ADDRESS	7719 DEERWOOD POINT COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GRACE, ROBERT B	
STREET ADDRESS	7719 DEERWOOD POINT COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT B. GRACE 904-737-8755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90008 046 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1381839 Applied For Not Applicable

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

0036522 AV

CR2E034 (9/01)