

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90045 037 ***155.00

DOCUMENT # 492014

1. Entity Name
GRACELAND SHORES, INC.

Principal Place of Business
THIRD ST S
JAX BCH FL 32250

Mailing Address
707 FIRST STREET SOUTH
SUITE 503
JACKSONVILLE BEACH FL 32250-6669
US

2. Principal Place of Business
503
 Suite, Apt. #, etc.
Jacksonville Beach Fla.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

Zip
32250-6669

Country
Deval

Zip
 Country

4. FEI Number **05-9172818**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
JOYNER, AGNES H.
707 FIRST ST S 503
JAX BCH FL 32250

7. Name and Address of New Registered Agent
 Name
Agnes H. Joyner
 Street Address (P.O. Box Number is Not Acceptable)
707 First St. S. # 503
Jacksonville Beach
 City
FL Zip Code
32250

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 **Agnes H. Joyner** DATE **April 22, 2000**

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYNER, AGNES H 244 UNIVERSITY BLVD N JACKSONVILLE, FL 00000 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Wanda J. Fritton <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 244 University Blvd. N. Jacksonville, Florida - 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARTEAGA, JASON D 244 UNIVERSITY BLVD N JACKSONVILLE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARTEAGA, JASON D 244 UNIVERSITY BLVD N JACKSONVILLE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Arteaga, Jason D. 1250 Dancy Street Jacksonville, Florida 32205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOYNER, AGNES H 244 UNIVERSITY BLVD N JACKSONVILLE, FL 00000 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST-Owner 707 First St. S. # 503 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jacksonville Beach Florida - 32250-6669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Agnes H. Joyner** **SIGNATURE REQUIRED** DATE **April 22 - 2000** Daytime Phone # **904-244-1587**

Signature and typed or printed name of signing officer or director

CR2E034 (9/99)