## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 06, 2001 8:00 am Secretary of State **DOCÚMENT # 671883 GRACE SERVICE CORPORATION** 02-06-2001 90243 029 \*\*\*150.00 Principal Place of Business Mailing Address 55-9-FEDERAL-HWY / 1824 PO BOX 310 STE 220 CLARKESVILLE GA 30523 BOCA RATON FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2108955 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZIMMERMAN, HARRIETT D Street Address (P.O. Box Number is Not Acceptable) -555-S FEDERAL-HWY-STE\_220 BOCA RATON FL 33432 Zin Code FL 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 (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 117 CR2E034 (10/00) TITLE ☐ Delete ZIMMERMAN, HARRIETT D NAME NAME 555 & FEDERAL HWY #220 1045 E. Atlantic Ave 1045 E. Atlantic Ave # 314 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTEY-ST-ZIP TITLE NAME zimmerman, harriett d. 1045 E. Albertic Ave # 314 Delvay Beach, FC 33483 ditto addr. 555-S-FEDERAL-HWY #220 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOGA-RATON FL 33432 CITY-ST-ZIP \_\_\_ Delete TITLE TITLE 1045 E. Atlantic Ave #314 Delvay Bach, Fe 23483 NAME ZIMMERMAN, HARRIETT D NAME STREET ADDRESS 555 S FEDERAL HWY STE #220 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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: MARRIET D. Quinterlinan CLES
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

1-31-01

706 754 1784

Daytime Phone #