

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90819 001 ***300.00

0618584 AT

DOCUMENT # F97000003832

1. Entity Name
GRAHAM-FIELD, INC.



Principal Place of Business
~~81 SPENCE STREET~~ **2935 NE PKWY**
~~BAYSHORE NY 11706~~ **Atlanta GA 30360**

Mailing Address
~~81 SPENCE STREET~~ **(same)**
~~BAYSHORE NY 11706~~

2. Principal Place of Business
2935 NE PKWY

3. Mailing Address
(same)

City & State
Atlanta GA

City & State
(same)

Zip
30360

Country
Gwinnett

4. FEI Number **11-1820299**

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	JORFRED, MICHEAL A	
STREET ADDRESS	2935 NORHTEAST PKWY	
CITY-ST-ZIP	ATLANTA GA 30360	
TITLE	COOE	<input type="checkbox"/> Delete
NAME	CROUCH, MICHEAL A	
STREET ADDRESS	2935 NORHTEAST PKWY	
CITY-ST-ZIP	ATLANTA GA 30360	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	CERSEY, WYANE	
STREET ADDRESS	2935 NORHTEAST PKWY	
CITY-ST-ZIP	ATLANTA GA 30360	
TITLE	BDVP	<input type="checkbox"/> Delete
NAME	ANTONIAZZI, CHERIE	
STREET ADDRESS	2935 NORHTEAST PKWY	
CITY-ST-ZIP	ATLANTA GA 30360	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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	MATT DIAZ CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2935 NE PKWY	
STREET ADDRESS	Atlanta GA 30360	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X H/2E

Date

Daytime Phone #

CR2E034 (10/02)