


FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90214 013 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K19289			
1. Entity Name G. FRANK GRADY & ASSOCIATES, INC.			
Principal Place of Business % GEORGE FRANK GRADY 5673 PINE AVENUE ORANGE PARK, FL 32003		Mailing Address % GEORGE FRANK GRADY 5673 PINE AVENUE ORANGE PARK, FL 32003	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FET Number 59-2874957		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRADY, GEORGE FRANK 5673 PINE AVE ORANGE PARK, FL 32003		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRADY, GEORGE FRANK 5673 PINE AVE ORANGE PARK, FL 32003 <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	D MOORE, MADELINE JOYCE 5673 PINE AVE ORANGE PARK, FL 32003 <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
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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
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: <u>Madeline J. Moore</u>		Date: <u>5/16/03</u> 904-269-7700	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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☐ CHECK HERE IF MAKING CHANGES

CR2004 (10/02)

Attachment #

90136738

**G. FRANK GRADY & ASSOCIATES, INC.
5673 PINE AVENUE
ORANGE PARK, FL 32073
(904) 269-7700**

May 16, 2003

Division of Corporations
P O Box 6327
Tallahassee FL 32314

RE: G. Frank Grady & Associates, Inc.
Document # K19289

Dear Sirs:

Please accept the enclosed check of \$150.00 as payment for our 2003 Uniform Business Report.

We did not receive a renewal form from you this year and ask that you abate any penalty for late filing due to medical reasons. I am enclosing a renewal form which was printed from your internet site.

Should you have any questions, please don't hesitate to contact me.

Thank you,
G. FRANK GRADY & ASSOCIATES, INC.

Madeline J. Moore

Madeline Moore, Director