CR2E034 (4/03)

FILED

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

Jul 21, 2003 8:00 am **Secretary of State** K81706 DOCUMENT # 07-21-2003 90139 039 ***150.00 1. Entity Name CHRISTMAS GRADER SERVICE, INC. Principal Place of Business Mailing Address 144 CALHOUN STREET 144 CALHOUN STREET LABELLE FL 33935 LABELLE FL 33935 2. Principal Place of Business Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0134965 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHRISTMAS, EDWARD Street Address (P.O. Box Number is Not Acceptable) 144 CALHOUN STREET LABELLE FL 33935 City 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. SIGNĂTURE Signature, typed or printed name divegistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change ☐ Addition CHRISTMAS, EDWARD NAME NAME 144 CALHOUN STREET STREET ADDRESS STREET ADDRESS LABELLE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHRISTMAS, MARY RUTH NAME NAME 144 CALHOUN STREET STREET ADDRESS STREET ADDRESS LABELLE FL 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 CITY-ST-7/P ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with

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 in the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 in the corporation of the receiver of trustee empower of the receiver of the receive

Attachment

ROBERT M. COLEMAN, JR. P.A.

J 306 5

Certified Public Accountant

FICPA 1400 Suite A. 15Th: Street N. 239-657

AICPA Immokalee, FL 34142 Fax 239-657-3804

July 18, 2003

Florida Department of State Division of Corporations Uniform Business Report Filings P:O-Box-1500-

Tallahassee, FL 32302-1500

Re: Christmas Grader Services, Inc. FEI#65-0134965 UBR 2003

Gentlemen:

I have enclosed a UBR report for this taxpayer who truly did not receive the prior notice of this form. The report required to be filed by September 10, 2003 is the first report they have received this year. As provided by the Florida Statutes, an officer/director has enclosed a statement to the fact this is the first report received by the taxpayer.

The taxpayer respectfully requests any pending penalties be waived as provided by the Statutes under this circumstance.

Sincerely,

ROBERT M. COLEMAN.JR.

Certified Public Accountant

RMC/dc

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Attachment 10/10362 7/14/03 #K81706 Florida Department et State Division et Corpor ations Re: Uniform Business Report 2003 To whom it may conceru, al did not receive the prior notice. This is the first year this has happened. We have always filed in a timely fashion. Il am enclosing check number 4468 - for 150,00 per your information in noted report. Sincerely Mary Ruth Christmas Christmas Grader Service de