

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L08307

FILED
Jan 03, 2003
Secretary of State

Entity Name: GRACE NICOLE, INC.

Current Principal Place of Business:

4189 WEST GULF TO LAKE HIGHWAY
LECANTO, FL 34461 US

New Principal Place of Business:

Current Mailing Address:

4189 WEST GULF TO LAKE HIGHWAY
LECANTO, FL 34461 US

New Mailing Address:

FEI Number: 59-2964512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRONE, JOSEPHINE
4189 WEST GULF TO LAKE HIGHWAY
LECANTO, FL 34461 US

Name and Address of New Registered Agent:

PERRONE, JOSEPHINE
4189 WEST GULF TO LAKE HIGHWAY
LECANTO, FL 34461 US

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: JOSEPHINE PERRONE

01/03/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PERRONE, JOSEPHINE
Address: 4189 WEST GULF TO LAKE HIGHWAY
City-St-Zip: LECANTO, FL 34461 US

Title: V () Delete
Name: GRACE, ELLIOTT
Address: 4189 WEST GULF TO LAKE HIGHWAY
City-St-Zip: LECANTO, FL 34461 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PERRONE, JOSEPHINE MRS
Address: 4189 WEST GULF TO LAKE HIGHWAY
City-St-Zip: LECANTO, FL 34461 US

Title: V (X) Change () Addition
Name: ELLIOTT, GRACE MRS
Address: 4189 WEST GULF TO LAKE HIGHWAY
City-St-Zip: LECANTO, FL 34461 US

Title: T/S () Change (X) Addition
Name: ELLIOTT, TROY MR
Address: C4189 WEST GULF TO LAKE HIGHWAY
City-St-Zip: LECANTO, FL 34461 US

Title: X () Change (X) Addition
Name: XXXXXX, XXXX
Address: XXXX
City-St-Zip: XXXXXX, XX XXXXX US

Title: X () Change (X) Addition
Name: XXXXXX, XXXX
Address: XXXX
City-St-Zip: XXXXXX, XX XXXXX US

Title: X () Change (X) Addition
Name: XXXXXX, XXXX
Address: XXXX
City-St-Zip: XXXXXX, XX 00000 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPHINE PERRONE

P

01/03/2003

Electronic Signature of Signing Officer or Director

Date