

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # L19052**1. Entity Name  
GRACEWOOD MARKETING, INC.

## Principal Place of Business

1626 90TH AVE.  
P.O. BOX 270  
VERO BEACH  
32961

FL

## Mailing Address

1626 90TH AVE.  
P.O. BOX 270  
VERO BEACH  
32961

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

65-0146709

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

LUTHER JOHN M  
555 A1A HIGHWAYVERO BEACH  
32963

US

FL

## 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.

SIGNATURE \_\_\_\_\_ 04/23/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ASD ☐ Delete  
NAME LUTHER NANCY R  
STREET ADDRESS 555 A1A HIGHWAY  
CITY-ST-ZIP VERO BEACH FL 32963TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ASD ☐ Delete  
NAME HOPKINS, SUSAN R  
STREET ADDRESS 1580 GRACEWOOD LN.  
CITY-ST-ZIP VERO BEACH FL 32963TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VPD ☐ Delete  
NAME KAHLE, GEORGE A  
STREET ADDRESS 6020 SW 5TH ST  
CITY-ST-ZIP VERO BEACH FLTITLE ☒ Change ☐ Addition  
NAME KAHLE, GEORGE A  
STREET ADDRESS 6020 SW 5TH ST  
CITY-ST-ZIP VERO BEACH FL 32968TITLE PD ☐ Delete  
NAME LUTHER, JOHN M  
STREET ADDRESS 555 S A1A  
CITY-ST-ZIP VERO BEACH FLTITLE ☒ Change ☐ Addition  
NAME LUTHER, JOHN M  
STREET ADDRESS 555 S A1A  
CITY-ST-ZIP VERO BEACH FL 32963TITLE D ☐ Delete  
NAME KAHLE SANDRA R  
STREET ADDRESS 6020 SW 5TH ST  
CITY-ST-ZIP VERO BEACH FLTITLE ☒ Change ☐ Addition  
NAME KAHLE SANDRA R  
STREET ADDRESS 6020 SW 5TH ST  
CITY-ST-ZIP VERO BEACH FL 32968TITLE TS ☐ Delete  
NAME PEREZ TOMAS RENE  
STREET ADDRESS 2019 CORTEZ AVE  
CITY-ST-ZIP VERO BEACH FLTITLE ☒ Change ☐ Addition  
NAME PEREZ TOMAS RENE  
STREET ADDRESS 2019 CORTEZ AVE  
CITY-ST-ZIP VERO BEACH FL 32960

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: Tomas Rene Perez

ST

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)