

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L20402

1. Entity Name

GRAHAM SAGE, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90070 032 \*\*\*150.00

Principal Place of Business

Mailing Address

~~45 DORMONT DR~~  
~~ORMOND BEACH FL 32176~~  
 US

~~P.O. BOX 1790~~  
~~ORMOND BEACH FL 32081-0803~~  
 US

2. Principal Place of Business

3. Mailing Address

3313 East Sevilla Circle

P.O. Box 13883

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33629

USA

33681

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0151640

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, ARTHUR  
~~45 DORMONT DR~~  
~~ORMOND BEACH FL 32176~~

Name

Graham, Arthur

Street Address (P.O. Box Number is Not Acceptable)

3313 East Sevilla Circle

City

Tampa, FL

FL

Zip Code

33629

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Arthur Graham

4/11/00

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PTSD			<input type="checkbox"/>
	GRAHAM, ART	<del>45 DORMONT DR</del>	<del>ORMOND BEACH FL</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		3313 East Sevilla Circle	Tampa, FL 33629	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Arthur Graham

4/11/00 813-832-5881