

FILED
Apr 28, 2002 8:00 am
Secretary of State

03-25-2002 90069 006 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L32002**

1. Entity Name

GRAVER MARKETING SERVICES, INC.

Principal Place of Business

1806 S WOODLAND BLVD
DELAND FL 32720

Mailing Address

1806 S WOODLAND BLVD
DELAND FL 32720

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2985798

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

7. Name and Address of New Registered Agent

GRAVER, ROBERT J.
7202 CHESTERHILL CIRCLE
MOUNT DORA FL 32757

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

Signature of individual 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, 2002 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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	GRAVER, ROBERT J.	7202 CHESTERHILL CIRCLE	MOUNT DORA FL				
VS	GRAVER, EDWARD P.	1201 MARSHALL COURT	EUSTIS FL				
T	GRAVER, LINDA M.	7202 CHESTERHILL CIRCLE	MOUNT DORA FL				
D	GRAVER, LAURA	1201 MARSHALL COURT	EUSTIS FL				

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, without other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Graver

Date

(352) 735-5601

Daytime Phone #

CR2E034 (9/01)