

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91004 031 \*\*\*150.00

MAR 10 11 AM '03

**DOCUMENT # M16061**

1. Entity Name  
**THE GRAHAM COMPANIES**



Principal Place of Business <b>6843 MAIN STREET MIAMI LAKES FL 33014</b>	Mailing Address <b>6843 MAIN STREET MIAMI LAKES FL 33014</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number <b>65-0127392</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent

**GRAHAM, WILLIAM E  
6843 MAIN ST.  
MIAMI LAKES FL 33014**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C WILLIAM A. GRAHAM 6843 MAIN ST. MIAMI LAKES FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>DSC STUART S. WYLLIE 6843 MAIN ST. MIAMI LAKES FL</b></del> <input type="checkbox"/> Delete	<del>TITLE NAME STREET ADDRESS CITY-ST-ZIP</del>	<del><input type="checkbox"/> Change <input type="checkbox"/> Addition</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVCS RAWLS, ROBERT L. 6843 MAIN ST. MIAMI LAKES FL 33014</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPC WILLIAM E. GRAHAM 6843 MAIN ST. MIAMI LAKES FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEV MARTINEZ, ELIZABETH G. 6843 MAIN ST. MIAMI LAKES FL 33014</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST FEATHERS, EDWIN E. 6843 MAIN STREET MIAMI LAKES FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**NOTE - SEE ADDITIONAL OFFICERS/DIRECTORS ATTACHED.**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edwin E. Feathers* **RE EDWIN E. FEATHERS** APRIL 1, 2003 305-817-4056  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment #

80072987

M16061

THE GRAHAM COMPANIES (FEI #65-0127392)  
#M16061  
ATTACHMENT TO CORPORATION ANNUAL REPORT

D  Delete  Change  Addition  
Patricia C. Graham  
6911 Main Street #225  
Miami Lakes, Fl. 33014

D  Delete  Change  Addition  
Michael Beebe  
24771 Penny Royal Drive  
Bonita Springs, Fl. 34143

D  Delete  Change  Addition  
Gwendolyn G. Logan  
2109 Ellicott Drive  
Tallahassee, Fl. 32312

D/EV  Delete  Change  Addition  
Gerald E. Toms  
7242 Loch Ness Drive  
Miami Lakes, Fl. 33014

D/EV  Delete  Change  Addition  
Thomas N. Toms II  
328 Avenue O  
Moore Haven, Fl. 33471

D/EV  Delete  Change  Addition  
Carol G. Wyllie  
6843 Main Street  
Miami Lakes, Fl. 33014

D/EV  Delete  Change  Addition  
Luis O. Martinez  
6843 Main Street  
Miami Lakes, Fl. 33014

Attachment # 80072987  
M16061

D/EV  
Sandra G. Younts  
6843 Main Street  
Miami Lakes, FL 33014

Delete       Change       Addition

V  
Evans J. Plowden  
320 Residence Avenue  
Albany, GA 31702

Delete       Change       Addition

AS  
Robert S. Whitehead  
6843 Main Street  
Miami Lakes, FL 33014

Delete       Change       Addition

D  
D. Robert Graham  
14814 Breckness Place  
Miami Lakes, FL 33016

Delete       Change       Addition

CFO  
Andre L. Teixeira  
6843 Main Street  
Miami Lakes, FL 33014

Delete       Change       Addition

AS  
Linda C. Posey  
320 Residence Avenue  
Albany, GA 31702

Delete       Change       Addition