

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State
 02-01-2000 90055 031 ***150.00

DOCUMENT # M71711			
1. Entity Name JOE GRAS BUILDING CONTRACTOR, INC.			
Principal Place of Business 114 MARINA DEL REY CLEARWATER FL 33767 US		Mailing Address 114 MARINA DEL REY CT CLEARWATER FL 33767-2940 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2873732		Applied For <input type="checkbox"/> Not Applied	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAS, JOSEPH P., JR. 114 MARINA DEL REY CT CLEARWATER FL 33767		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

Joseph P. Gras

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	JOSEPH P GRAS, JR.	NAME	JOSEPH P GRAS JR
STREET ADDRESS	114 MARINA DEL REY CT	STREET ADDRESS	114 MARINA Del Rey
CITY-ST-ZIP	CLEARWATER FL 33767	CITY-ST-ZIP	CLEARWATER FL 33767
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	JOSEPH P GRAS JR <input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	KAREN GRAS	NAME	114 MARINA Del Rey
STREET ADDRESS	114 MARINA DEL REY CT	STREET ADDRESS	CLEARWATER FL 33767
CITY-ST-ZIP	CLEARWATER FL	CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	JOSEPH P GRAS JR <input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	KAREN GRAS	NAME	114 MARINA Del Rey
STREET ADDRESS	114 MARINA DEL REY CT	STREET ADDRESS	CLEARWATER, FL 33767
CITY-ST-ZIP	CLEARWATER FL	CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	JOSEPH P GRAS, JR	NAME	
STREET ADDRESS	114 MARINA DEL REY CT	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33767	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

Joseph P. Gras

1-29-00

Date

Daytime Phone #

727 596-4727