2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am **DOCUMENT # M71711** Secretary of State JOE GRAS BUILDING CONTRACTOR, INC. 04-02-2001 90042 039 ***150.00 Principal Place of Business Mailing Address 1201 HIDDEN HARBOUR DR. 1201 HIDDEN HARBOUR DR. INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785 2. Principal Place of Business 3. Mailing Address 7016 7016 DO NOT WRITE IN THIS SPACE City & State SEMINOLE City & State 59-2873732 Applied For 4. FEI Number SEMINOLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired INE//AS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAS, JOSEPH P., JR. Street Address (P.O. Box Number is Not Acceptable) 114 MARINA DEL REY CT **CLEARWATER FL 33767** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. JOSEPH P GRAS JR Change 7016 119 ST/NO CR2E034 (10/00) Delete TITLE JOSEPH P GRAS, JR. NAME NAME 114 MARINA DEL REY CT STREET ADDRESS STREET ADDRESS P-VP-Sec-TRess Change **CLEARWATER FL 33767** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE JOSEPH P GRAS, JR NAME NAME 114 MARINA DEL REY CT STREET ADDRESS STREET ADDRESS CLEARWATER FL 33767 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 impowered.

SIGNATURE: