

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90006 038 \*\*\*\*61.25

**DOCUMENT # N01000005161**

1. Entity Name

**STROKE OF GRACE, INC.**

Principal Place of Business

5530 HARBOR DR  
 LAKELAND FL 33809

Mailing Address

525 HEARTLAND CIR  
 MULBERRY FL 33860

2. Principal Place of Business

3. Mailing Address  
**5530 Harbor Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Lakeland, FLA.**

4. FEI Number

**59-373-1216**

Applied For

Not Applicable

Zip

Country

Zip  
**33809**

Country  
**USA**

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

**BURROUGHS, Elnora**  
**525 HEARTLAND CIR**  
**MULBERRY FL 33860**

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

**After September 13, 2002,**  
**min. will be \$236.25.**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BURROUGHS, Elnora**  
 CITY-ST-ZIP **525 HEARTLAND CIR**  
**MULBERRY FL 33860**

TITLE ☒ Change ☐ Addition  
 NAME **Elnora Burroughs**  
 STREET ADDRESS **5530 Harbor Drive**  
 CITY-ST-ZIP **Lakeland, FL 33809**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **FORTSON, JEREMIAH**  
 CITY-ST-ZIP **2006 MARTIN LUTHER KING AVE**  
**LAKELAND FL 33805**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **FORTSON, PRINCESS**  
 CITY-ST-ZIP **2006 MARTIN LUTHER KING AVE**  
**LAKELAND FL 33805**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 617, 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: **Elnora Burroughs** 9/5/02 863-853-6818

CR2E037 (4/02)