

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Sep 12, 2000 8:00 am
Secretary of State

08-09-2000 90082 006 ****70.00

DOCUMENT # N99000004235

1. Entity Name

GRACE UNLIMITED - CFM, INC.

Principal Place of Business

Mailing Address

911 W. KENTUCKY AVE.
 TAMPA FL 33603

911 W. KENTUCKY AVE.
 TAMPA FL 33603

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

59-3583539

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

GILBERT, DON
911 W. KENTUCKY AVE.
TAMPA FL 33603

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PRESIDENT "D"
DON HABEN
P.O. Box 980
HIGHLAND CITY, FL 33846

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VICE-PRESIDENT "D"
ROBERT O'HARA
1934 MEADOW OAK CIRCLE
POLK CITY, FL 33968

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SECRETARY-TREASURER "D"
DON GILBERT
911 W. KENTUCKY AVE.
TAMPA, FL 33603

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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: DON GILBERT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-3-00

Date

(813) 281-2999

Daytime Phone #

CR2E037 (5/00)