


2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
 04-30-2003 90149 014 ***150.00

DOCUMENT # P00000006322
 1. Entity Name
GRAHAM CONSTRUCTION, INC. ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17452 HWY 301
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 296
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DADE CITY, FLORIDA

City & State
DADE CITY, FLORIDA

Zip
33523 Country **US**

Zip
33526 Country **US**

4. FEI Number
31-1687793

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
GRAHAM, PHILLIP V.

Street Address (P.O. Box Number is Not Acceptable)
17452 HWY. 301

City
DADE CITY **FL** Zip Code **33523**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T KENNETH GRAHAM 5372 CYRIL DR. DADE CITY, FL 33523	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P GRAHAM, PHILLIP V. 17452 HWY. 301 DADE CITY, FL 33523	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/V/P GRAHAM, K. SCOTT 17452 HWY. 301 DADE CITY, FL 33523	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Phillip V. Graham* **PHILLIP V. GRAHAM** **04-28-03**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)