

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90566 038 ***150.00

DOCUMENT # P00000011855**1. Entity Name**

JAMES GRADY INSURANCE SERVICES INC.

Principal Place of Business1951 NE 2nd Ave #201
Wilton Manors, FL 33304**Mailing Address**1951 NE 2nd Ave #201
Wilton Manors, FL 33304**2. Principal Place of Business**

2701 W Oakland Pk Blvd

Suite, Apt. #, etc.

Suite 103

City & State

Fort Lauderdale, FL

Zip

33311

Country

3. Mailing Address

2701 W Oakland Pk Blvd

Suite, Apt. #, etc.

Suite 103

City & State

Fort Lauderdale, FL

Zip

33311

Country

4. FEI Number

650978364

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**772713**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRADY, JAMES

1951 NE 2nd Ave #201

Wilton Manors, FL 33304

7. Name and Address of New Registered AgentName
James Grady

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

2701 W Oakland Pk Blvd, Suite 103

City
Fort Lauderdale

FL

Zip Code
33311**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

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

(NOTE: Registered Agent signature required when reinstating)

James Grady, President

7/02/01

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRADY, JAMES	
STREET ADDRESS	1951 NE 2nd Ave #201	
CITY-ST-ZIP	Wilton Manors, FL 33304	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WOODS, CHERYL	
STREET ADDRESS	1951 NE 2nd Ave #201	
CITY-ST-ZIP	Wilton Manors, FL 33304	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2701 W Oakland Park Boulevard, #103	
CITY-ST-ZIP	Fort Lauderdale, FL 33311	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

James Grady, President

7/02/01

Date

Daytime Phone #

CR2E034 (11/00)

Attachment
P00000011855
772713

James Grady Insurance Services Inc.
2701 West Oakland Park Blvd. #103 • Oakland Park, Florida 33311

July 2, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

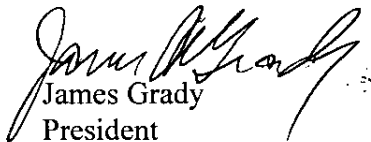
RE: Filing of 2001 United Business Report
P 00000011855

In accordance with our conversation with your office, please accept the enclosed 2001 Annual Report and check for \$150 as payment in full for our 2001 UBR.

In reviewing our books for the first six months of 2001, our accountant informed us there was no record of a check for our 2001 UBR. As you will note by the enclosed returns, our principal place of business changed in 2000 as did our mailing address. Therefore, we did not receive our 2001 UBR report nor any notices regarding non-filing

Thank you for your consideration of this matter. We look forward to a favorable reply.

Very truly yours,


James Grady
President