

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-11-2002 90251 004 ***150.00

DOCUMENT # P00000013897

1. Entity Name

SAMSON & GRACIA CORPORATION

Principal Place of Business

Mailing Address

**4527 MISTY DAWN COURT SOUTH
 JACKSONVILLE FL 32277**

**4527 MISTY DAWN COURT SOUTH
 JACKSONVILLE FL 32277**

39772

2. Principal Place of Business

3. Mailing Address

4527 MISTY DAWN CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE

FL

Zip **32277**

Country

Zip

Country

4. FEI Number

59-3623390

Applied For

Not Applicable

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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FILE NOW!!! FEE IS \$550.00

**After September 13, 2002 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
 NAME **SAMSON, GRACE**
 STREET ADDRESS **4527 MISTY DAWN COURT SOUTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

☐ Delete

TITLE **VD**
 NAME **SAMSON, EDET U**
 STREET ADDRESS **4527 MISTY DAWN COURT SOUTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

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TITLE **STD**
 NAME **SAMSON, ANIEKAN**
 STREET ADDRESS **4527 MISTY DAWN COURT SOUTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

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 CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
P0000001389

39772

Sampson & gracia corporation
4527 misty dawn ct. south,
jacksonville
fl, 32277

904-743-6387

UNIFORM BUSINESS REPORT

dear sir,

I wish to inform you that I did not receive 202 report form on time.

I wish to request that the \$400.00 late fee be waived. I regret that I could not file the report with the late fee on line

secondly, I have paid \$150.00 filing fee.

Thank you for giving this matter your utmost attention.

Sincerely

Edet Sampson
edet sampson