

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

FILED
Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90115 001 ***150.00

DOCUMENT # **P00000013897**
1. Entity Name
SAMPSON & GRACIA CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4527 MISTY DAWN CT. S.
Suite, Apt. #, etc.
City & State
JACKSONVILLE, FL.
Zip
32277 Country

3. Mailing Address
4527 MISTY DAWN CT. S.
Suite, Apt. #, etc.
JACKSONVILLE, FL 32277
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3623390 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
SPIE & UTRERA PA
Street Address (P.O. Box Number is Not Acceptable)
343 ALMERA AVE. CORAL GABLES, FL 33134
City
CORAL GABLES FL Zip Code
33134

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	PD SAMPSON, GRACE 4527 MISTY DAWN CT. S JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SAMPSON, EDET U. 4527 MISTY DAWN CT. S. JACKSONVILLE, FL, 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SAMPSON, ANIEKAN 4527 MISTY DAWN CT. S. JACKSONVILLE, FL, 32277
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**DO NOT WRITE
IN THIS SPACE**

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: **Edet Sampson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/03
Date

Daytime Phone #

CR2E034B (12/02)