


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

FILED
Sep 19, 2003 8:00 am
Secretary of State
09-19-2003 90001 026 ***550.00

DOCUMENT # P00000025780	
1. Entity Name Grade A Records Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7344 Gregory Dr Apt #2207		3. Mailing Address P.O. Box 16952	
Suite, Apt. #, etc. Apt #2207		Suite, Apt. #, etc.	
City & State Jacksonville		City & State Jacksonville	
Zip 32210	Country Duval	Zip 32245	Country Duval

DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent Name Howard Robinson Street Address (P.O. Box Number is Not Acceptable) 7344 Gregory Dr Apt 2207		
	City Jacksonville	FL	Zip Code 32210

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 X Howard Robinson <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 9/17/03 <small>(NOTE: Registered Agent signature required when constituting)</small>
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Howard Robinson 7344 Gregory Dr, Apt 2207 Jacksonville, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Howard Robinson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	President 9/17/03 904307 9962 <small>Daytime Phone #</small>

CR2E034B (12/02)