

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90055 027 ***150.00

DOCUMENT # **P00000047729**

1. Entity Name

Graders of Elite Memorabilia, Inc.

Principal Place of Business	Mailing Address
-----------------------------	-----------------

2. Principal Place of Business <i>7706 County Line Rd.</i>	3. Mailing Address <i>8578 Gunn Hwy</i>
---	--

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State <i>Odessa, FL</i>	City & State <i>Odessa, FL</i>
-----------------------------------	-----------------------------------

Zip <i>33556</i>	Country <i>USA</i>	Zip <i>33556</i>	Country <i>USA</i>
---------------------	-----------------------	---------------------	-----------------------

4. FEI Number <i>59-3644662</i>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

DO NOT WRITE IN THIS SPACE

A0059218

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name <i>Alan Karpuch</i>
	Street Address (P.O. Box Number is Not Acceptable) <i>7706 County Line Rd.</i>
	City <i>Odessa</i> FL Zip Code <i>33556</i>

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 <i>Alan Karpuch</i>	DATE <i>4/23/01</i>
-------------------------------	---------------------

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	---	---	-----------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Alan Karpuch 7706 County Line Rd. Odessa, FL 33556</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Keith Kneeshaw 15714 Country Lake Dr. Tampa, FL 33624</i> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Adam Kjeer 1609 Robin Ln. Brandon, FL 33510</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Alan Karpuch</i> (<i>Alan Karpuch</i>) <i>4/23/01</i>

CR2E034 (11/00)