

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90081 042 \*\*\*150.00

**DOCUMENT # P00000065772**

1. Entity Name

**GRACEWAY, INC.**

Principal Place of Business

~~3520 WHITEHALL DRIVE #205~~  
~~WEST PALM BEACH FL 33401~~

Mailing Address

~~3520 WHITEHALL DRIVE #205~~  
~~WEST PALM BEACH FL 33401~~

C0028593



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**5114 Laird Lane**

Suite, Apt. #, etc.

3. Mailing Address

**5114 Laird Lane**

Suite, Apt. #, etc.

City &amp; State

**JUPITER, FL**

Zip

**33458**

Country

**USA**

City &amp; State

**JUPITER, FL**

Zip

**33458**

Country

**USA**

4. FEI Number

**65-1024431**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KENNEDY, DENISE**~~3520 WHITEHALL DRIVE #205~~  
~~WEST PALM BEACH FL 33401~~

7. Name and Address of New Registered Agent

Name

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

**5114 Laird Lane**City  
**Jupiter**

FL

Zip Code  
**33458**

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 **DENISE KENNEDY**

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

*Denise Kennedy*

(NOTE: Registered Agent signature required when reinstating)

**1-26-01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTSD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNEDY, DENISE</b>	NAME	<b>5114 Laird Lane</b>
STREET ADDRESS	<del>3520 WHITEHALL DRIVE #205</del>	STREET ADDRESS	<b>JUPITER, FL 33458</b>
CITY-ST-ZIP	<del>WEST PALM BEACH FL 33401</del>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

*Denise Kennedy* **DENISE KENNEDY** **1-26-01** **561-748-4901**

Date

Daytime Phone #

CR2E034 (10/00)