

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90113 036 ***150.00

DOCUMENT # P00000073034

1. Entity Name
GRAZ TRADING CORPORATION



Principal Place of Business
7813 NORTH POINTE BLVD
PENSACOLA FL 32514-6538

Mailing Address
P O BOX 2263
MILTON FL 32571-0463



2. Principal Place of Business
8355 HARBOUR SQUARE DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PENSACOLA, FL

City & State

4. FEI Number **65-1033184**

Applied For
Not Applicable

Zip
32514-6760

Country

Zip

Country

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

AMINGER, WALTER
7813 NORTH POINTE BLVD
PENSACOLA FL 32514-6538

Name

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

8355 HARBOUR SQUARE DR.

City **PENSACOLA**

FL

Zip Code
32514-6760

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **AMINGER, WALTER**
STREET ADDRESS **7813 NORTH POINTE BLVD**
CITY-ST-ZIP **PENSACOLA FL 32514-6538**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8355 HARBOUR SQUARE DR.**
CITY-ST-ZIP **PENSACOLA, FL 32514-6760**

TITLE **D** ☐ Delete
NAME **AMINGER, MARIA J**
STREET ADDRESS **7813 NORTH POINTE BLVD**
CITY-ST-ZIP **PENSACOLA FL 32514-6538**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8355 HARBOUR SQUARE DR.**
CITY-ST-ZIP **PENSACOLA, FL 32514-6760**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 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

04/08/03

Date

(850) 363-0825

Daytime Phone #

CR2E034 (10/02)