

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90091 005 ***158.75

0067202

DOCUMENT # P00000077109

1. Entity Name

GRACELIA RODNEY DOLLAR STORE, INC.

Principal Place of Business

**2372 W. OAKRIDGE RD.
 ORLANDO FL 32809**

Mailing Address

**2372 W. OAKRIDGE RD.
 ORLANDO FL 32809**

2. Principal Place of Business

2372 W. Oakridge Rd
 Suite, Apt. #, etc.

3. Mailing Address

2372 W. Oakridge Rd
 Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO FL

Zip

32809

Country

ORANGE

Zip

32809

Country

ORANGE

4. FEI Number

59-3668754

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RODNEY, GRACELIA
 1139 POPPY AVE.
 ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name **PIERRE JOSEPH DOLLAR STORE
 JOSEPH, PIERRE**

Street Address (P.O. Box Number is Not Acceptable)
1139 POPPY AVENUE

City

ORLANDO

FL

Zip Code

32811

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 **PIERRE JOSEPH**
 Signature, typed or printed name of registered agent, and if applicable.

**SECRETARY, TREASURER
 DIRECTOR, PRESIDENT, VICE PRESIDENT 04-03-01**
 (NOTE: Registered Agent signature required when reinstating) 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

TITLE **DPVP** ☒ Delete
 NAME **RODNEY, GRACELIA**
 STREET ADDRESS **2372 W. OAKRIDGE RD.**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **ST** ☒ Delete
 NAME **RODNEY, GRACELIA**
 STREET ADDRESS **2372 W. OAKRIDGE RD.**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPVP** ☒ Change ☐ Addition
 NAME **JOSEPH, PIERRE**
 STREET ADDRESS **2372 W. OAKRIDGE RD**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **ST** ☒ Change ☐ Addition
 NAME **JOSEPH, PIERRE**
 STREET ADDRESS **2372 W. OAKRIDGE RD**
 CITY-ST-ZIP **ORLANDO FL 32809**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: **Gracelia Y. Rodney**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-03-01
 Date

**407-297-1078
 407-797-2091**
 Daytime Phone #

CR2E034 (10/00)