

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 23, 2001 8:00 am**
Secretary of State

03-23-2001 90034 026 ***150.00

DOCUMENT # P00000085684

1. Entity Name

SHARRON & GRAVES ENTERPRISES, INC.

Principal Place of Business

**4725 VELASQUEZ
PENSACOLA FL 32504**

Mailing Address

**PO BOX 11246
PENSACOLA FL 32524**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3671528

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****GRAVES, VICKI S
4725 VELASQUEZ
PENSACOLA FL 32504****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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

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

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	SHARRON, BRUCE	9840 MOBILE HWY.	PENSACOLA FL 32526	<input type="checkbox"/>

DV	GRAVES, VICKI S	4725 VELASQUEZ	PENSACOLA FL 32504	<input type="checkbox"/>
----	-----------------	----------------	--------------------	--------------------------

DST	SHARRON, JEAN G	9840 MOBILE HWY	PENSACOLA FL 32526	<input type="checkbox"/>
-----	-----------------	-----------------	--------------------	--------------------------

				<input type="checkbox"/>
--	--	--	--	--------------------------

				<input type="checkbox"/>
--	--	--	--	--------------------------

				<input type="checkbox"/>
--	--	--	--	--------------------------

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

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:*Vicki S. Graves as VP* (VICKI S. GRAVES)

3-21-01

(850) 438-9412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)