

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90265 001 ***150.00

DOCUMENT # P00000099664

Entity Name
GRAF & ASSOCIATES, INC.

Principal Place of Business 2305 EAGLE BLUFF DRIVE VALRICO FL 33594	Mailing Address 2305 EAGLE BLUFF DRIVE VALRICO FL 33594
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00010000



DO NOT WRITE IN THIS SPACE

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 59-3677188	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DRIVE
CLEARWATER FL 33761

7. Name and Address of New Registered Agent
 Name **DONNA C. GRAF**
 Street Address (P.O. Box Number is Not Acceptable)
2305 EAGLE BLUFF DR.
 City **VALRICO** FL Zip Code **33594**

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 *Donna C. Graf* **DONNA C. GRAF** DATE **1/17/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PRESIDENT <input type="checkbox"/> Delete	NAME GRAF, JAMES P
STREET ADDRESS 2305 EAGLE BLUFF DRIVE	CITY-ST-ZIP VALRICO FL 33594
TITLE SECRETARY <input type="checkbox"/> Delete	NAME DONNA C. GRAF
STREET ADDRESS 2305 EAGLE BLUFF DR.	CITY-ST-ZIP VALRICO, FL 33594
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME DONNA C. GRAF
STREET ADDRESS 2305 EAGLE BLUFF DR.	CITY-ST-ZIP VALRICO, FL 33594
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: *James P. Graf* **JAMES P. GRAF, PRESIDENT 813-657-9727**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CP2E034 (10/00)