

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111644

1. Entity Name

GRACE VISION PUBLISHERS INC.

Principal Place of Business

Mailing Address

261 WESTWARD DR.
MIAMI SPRINGS FL 33166

P. O. BOX 1077
MIAMI SPRINGS FL 33266

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

65-047 0990

Applied For

Not Applicable

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

AUSTIN, BOBBY W
261 WESTWARD DR.
MIAMI SPRINGS FL 33166

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

Bobby W. Austin

(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, 2002 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

TITLE *President*
NAME *Bobby Austin*
STREET ADDRESS *261 Westward Dr*
CITY-ST-ZIP *Miami Springs FL*

☐ Delete

☐ Change ☐ Addition

TITLE *Sec*
NAME *Jacob Austin*
STREET ADDRESS *261 Westward Dr*
CITY-ST-ZIP *Miami Springs 33166*

☐ Delete

☐ Change ☐ Addition

TITLE *CFO*
NAME *Hillary Austin*
STREET ADDRESS *231 Westward Dr*
CITY-ST-ZIP *33166*

☐ Delete

☐ Change ☐ Addition

TITLE *Vice Pres*
NAME *Jordan Austin*
STREET ADDRESS *231 Westward Dr*
CITY-ST-ZIP *Vice Pres 33166*

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90010 040 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)