

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90225 035 \*\*\*150.00

DOCUMENT # P00000111644

1. Entity Name  
GRACE VISION PUBLISHERS INC.



Principal Place of Business  
261 WESTWARD DR.  
MIAMI SPRINGS FL 33166

Mailing Address  
P. O. BOX 1077  
MIAMI SPRINGS FL 33266

2. Principal Place of Business

231 Westward Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0470990

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



→ 231 Westward Dr

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

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

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/03

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | PCEO             | <input type="checkbox"/> Delete |
| NAME           | BOBBY, AUSTIN    |                                 |
| STREET ADDRESS | 261 WEST WARD DR |                                 |
| CITY-ST-ZIP    | MIAMI FL 33166   |                                 |
| TITLE          | SEC              | <input type="checkbox"/> Delete |
| NAME           | JACOB, AUSTIN    |                                 |
| STREET ADDRESS | 231 WESTWOOD DR  |                                 |
| CITY-ST-ZIP    | MIAMI FL 33166   |                                 |
| TITLE          | CFO              | <input type="checkbox"/> Delete |
| NAME           | HILLARY, AUSTIN  |                                 |
| STREET ADDRESS | 231 WESTWOOD DR  |                                 |
| CITY-ST-ZIP    | MIAMI FL 33166   |                                 |
| TITLE          | VP               | <input type="checkbox"/> Delete |
| NAME           | JORDAN, AUSTIN   |                                 |
| STREET ADDRESS | 231 WESTWOOD DR  |                                 |
| CITY-ST-ZIP    | MIAMI FL 33166   |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                 |  |
|----------------|-----------------|--|
| TITLE          |                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 231 Westward Dr |  |
| STREET ADDRESS |                 |  |
| CITY-ST-ZIP    |                 |  |
| TITLE          |                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 231 Westward Dr |  |
| STREET ADDRESS |                 |  |
| CITY-ST-ZIP    |                 |  |
| TITLE          |                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 231 Westward Dr |  |
| STREET ADDRESS |                 |  |
| CITY-ST-ZIP    |                 |  |
| TITLE          |                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Westward Dr     |  |
| 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    |                 |  |

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* 4/13/03

Date

Daytime Phone #

CR2E034 (10/02)