

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90721 029 ***150.00

DOCUMENT # P01000004473
1. Entity Name



JOE GRASKA'S AUTO BODY & CUSTOM PAINTING

90119322

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1230 Commerce Blvd South
Suite, Apt. #, etc.

3. Mailing Address
1230 Commerce Blvd South
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Bradenton, FL
Zip: 34243
Country: [Blank]

4. FEI Number: 65-1076444
Applied For: Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Joe Graska
Street Address (P.O. Box Number is Not Acceptable): 1230 Commerce Blvd South
City: Bradenton FL 34243

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	D	TITLE	
NAME	Joe Graska	NAME	
STREET ADDRESS	1230 Commerce Blvd South	STREET ADDRESS	
CITY-ST-ZIP	Bradenton, FL 34243	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other officers empowered.

SIGNATURE: *Joe Graska* Joe GRASKA

4-29-2003

Date Daytime Phone #

CR2E034B (12/02)