

2008

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90016 036 ***150.00

DOCUMENT # P010000279794

1. Entity Name

CAPT. DAVID GRAHAM



DO NOT WRITE IN THIS SPACE

60043265

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1264 HOLIDAY DR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL

City & State

4. FEI Number

59-3738780

Applied For

Not Applicable

Zip

34689

Country

Pinellas

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

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IN THIS SPACE

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

(NOTE: Registered Agent signature required when resigning)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
GRAHAM, DAVID L.
1264 HOLIDAY DR.
TARPON SPRINGS, FL 34689

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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)(f), 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 resolver 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 like empowered.

SIGNATURE:

David L. Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. GRAHAM, D 4-29-08 727-480-7985
Date Daytime Phone #