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	CUMENT # P01000106308					FILED			
1. Entity Name CASA DE GRACE, INC.				FILED					
UNON DE	E GRACE, INC.						02 JUL 16 PM	3: 41	
Principal Plac	ce of Business		Mailing Address				SECRETARY OF STALLAHASSEE, FL	STATE	
1303 CASA A STUART FL 3	3 CASA AVE. 1303 CASA AVE. IART FL 34994 STUART FL 34994					TALLAHASSEE. FL	ORIDA		
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2. Principal Place of Business 3. Mailing Address		···	·· 			H e n ee nt e n ee			
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Star	te		City & State			4,	FEI Number	~ 	Applied For
Zip	Cour	Country Zip Cou		Countr	ry	5.	Certificate of Status Desired	\$8.75 A	
	6. Name and Ad	dress of Current Re	egistered Agent			7. (Name and Address of New Register		
FOIOI/FI	05050 14				Name				-
FRISKEY, CECEIL H 1303 CASA AVE.			Street Ac	idress (P.O. E	Box Number is Not Acceptable)	-14			
STUART I	FL 34994					••			
	,				City			Zip Co	de
8. The above	named entity submit	s this statement for the	he purpose of changing its	registered	d office or	registered ag	ent, or both, in the State of Florida. I	am familiar with	, and accept
	and an register of dig	S. 11.							
SIGNATURE.	Signature, typed or printed in	ame of registered agent and	title if applicable. (NOT	E: Registered	Agent signatur	e required when re	pinstating) DA	TE	
	oration is eligible to s		FILE NOW	!!! FEE I	S \$550.0	0	10. Election Campaign Financing		20
	requirement and electria on back)	ts to do so.	After September 13 Make Check Payal				Trust Fund Contribution.	□ Adde	00 May Be d to Fees
11.		OFFICERS AND DI		12.			L DITIONS/CHANGES TO OFFICERS /	AND DIRECTOR	RS IN 11
TITLE NAME	PD FRISKEY, CECEII	u	☐ Delete	TITLE		John 1	2risker	☐ Change	Addition
STREET ADDRESS	1303 CASA AVE.	. п		NAME STREET	F ADDRESS	1303	² risket Casa bue		,
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OTTI - OTT AIR	31UART FL 3499	4		CITY-S		Stua	+ HC 34994		
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TITLE NAME STREET ADDRESS	STUART PL 3499	4	☐ Delete	CITY-S TITLE NAME	ST-ZIP ADDRESS	Stud	900006471 -07/17/02	1999- 010630	- - 1
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13. I hereby certify that the information supplied with this filling 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR.

attachment

July 8,2002

To: Division of Corporations

Uniform Business Report Filings

P.O. Box 1500

Tallahassee, Fl 32302

From: Casa De Grace, Inc.

1303 Casa Ave.

Stuart, Fl 34994

(772) 283 – 5995

fax: 283 - 8655

Re: Document # P01000106308

Dear Sir,

We incorporated Casa De Grace, Inc. a few months before the \$150.00 fee was due, and consequently we received no notice. I called regarding the above document and Matt, at customer service, stated I should write this letter to inform you of the above information and ask that the penalties be waived. I would appreciate your consideration in this matter. Please find enclosed a check for the amount of \$150.00.

Please call if there are any concerns in this matter. Thank you.

Sincerely, (aui) H. Freshy)

Ceceil H. Friskey