

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90377 027 ***150.00

DOCUMENT # P02000020072			
1. Entity Name DE GRAAF FINE ART COMPANY			
Principal Place of Business 1208 MARINE WAY, G-7 NORTH PALM BEACH FL 33408		Mailing Address 1208 MARINE WAY, G-7 NORTH PALM BEACH FL 33408	
2. Principal Place of Business 195 CITY PLACE		3. Mailing Address	
Suite, Apt. #, etc. 477 S. ROSEMARY AVE		Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL		City & State	
Zip 33401	Country USA	Zip	Country
4. FEI Number 75-3002169		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITMIRE, DRENNEN L JR, ESQ 450 ROYAL PALM WAY, 8TH FL PALM BEACH FL 33480		7. Name and Address of New Registered Agent Name: DAN DEGRAAF Street Address (P.O. Box Number is Not Acceptable) 1208 MARINE WAY G-7 City: NORTH PALM BEACH FL Zip Code: 33408	
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: <u>TOM BALBO</u> (NOTE: Registered Agent signature required when rechartering) DATE: 4-30-03			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$350.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE GRAAF, DANIEL LEE 1208 MARINE WAY, G-7 NORTH PALM BEACH FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BALBO, THOMAS E 1208 MARINE WAY, G-7 NORTH PALM BEACH FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: <u>TOM E. BALBO</u>		DATE: 4-30-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CR2E034 (10/02)