


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90054 027 \*\*\*150.00

**DOCUMENT #** P02000028270

**1. Entity Name**  
SAY GRACE, INC.



**Principal Place of Business**  
4607 GOLF CLUB LANE  
BROOKSVILLE FL 34609

**Mailing Address**  
4607 GOLF CLUB LANE  
BROOKSVILLE FL 34609



**2. Principal Place of Business**  
4279 MARINER BLVD  
Suite, Apt. #, etc. N/A  
City & State SPRING HILL FL  
Zip 34609 Country HERNANDO

**3. Mailing Address**  
SAME 4279 MARINER  
Suite, Apt. #, etc. N/A  
City & State SPRING HILL FL  
Zip 34609 Country HERNANDO

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 611409465  
☐ Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
NESSLER, PAUL H JR.  
4052 COMMERCIAL WAY  
SPRING HILL FL 34606

**7. Name and Address of New Registered Agent**  
Name ☒ CORRECT  
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **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** ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGDEN, MARTY W 4607 GOLF CLUB LANE BROOKSVILLE FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** MARTY OGDEN 1/5/02 (813) 230-5533  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)