

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90097 019 ***150.00

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1. Entity Name
GRAYTON BEACH SERVICE, INC.



Principal Place of Business
**146 MONTGOMERY ST.
SEAGROVE FL 32459**

Mailing Address
**146 MONTGOMERY ST.
SEAGROVE FL 32459**



2. Principal Place of Business
146 MONTGOMERY ST
Suite, Apt. #, etc.

3. Mailing Address
146 MONTGOMERY ST
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Seagrave, FL
Zip
32459
Country
America

City & State
Seagrave, FL
Zip
32459
Country
America

4. FEI Number
74-3051175
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WESLEY, KIMBERLY A
146 MONTGOMERY ST.
SEAGROVE FL 32459**

7. Name and Address of New Registered Agent

Name
Kimberly A Wesley
Street Address (P.O. Box Number is Not Acceptable)
146 MONTGOMERY ST
City
Seagrave **FL** Zip Code
32459

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 **Kimberly A Wesley**
Signature, typed or printed name of registered agent and title if applicable. (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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
SAM Wesley President ☐ Delete
NAME
SAM S. Wesley
STREET ADDRESS
146 MONTGOMERY ST
CITY-ST-ZIP
SEAGROVE, FL 32459

TITLE
Wesley ☐ Delete
NAME
Wesley
STREET ADDRESS
Wesley
CITY-ST-ZIP
Wesley

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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: **SAM S. Wesley** **4-9-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2034 (10/02)