

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-14-2003 90378 042 ***150.00

0010500 AT

DOCUMENT # P02000129896 1. Entity Name THE BOOKRACK OF DAVENPORT, INC.	
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Principal Place of Business 147 QUAIL RIDGE CT. DAVENPORT FL 33897	Mailing Address 147 QUAIL RIDGE CT. DAVENPORT FL 33897
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 74-3071398	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

GRATER, HOWARD
9172 MONTEVELLO DR.
ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
<table style="width: 100%; border: none;"> <tr> <td style="width: 80%; text-align: right;">FL</td> <td style="width: 20%;">Zip Code</td> </tr> </table>	FL	Zip Code
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 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 <input type="checkbox"/> Delete	D STASSIE, PEGGY 147 QUAIL RIDGE CT. DAVENPORT FL 33897
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: *Peggy Stassie*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/03 954-802-2540
 Date Daytime Phone #

CR2E034 (10/02)