

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 02, 2006 8:00 am
Secretary of State**

03-02-2006 90011 002 ***150.00

DOCUMENT # 1. Entity Name	P050000079229
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BONNIE J. GRAHAM PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2712 STRASBOURG COURT		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PONTE VEDRA BEACH, FL		City & State	
Zip 32082	Country	Zip	Country

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IN THIS SPACE**

4. FEI Number 84-1680113	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name GRAHAM, BONNIE J.	
Street Address (P.O. Box Number is Not Acceptable) 2712 STRASBOURG COURT	
City PONTE VEDRA BEACH	Zip Code 32082

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, BONNIE J. 2712 STRASBOURG COURT PONTE VEDRA BEACH, FL 32082
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

Bonnie J. Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BONNIE J. GRAHAM

Date

904 476-3005

Daytime Phone #