

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

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90026 043 ***150.00

DOCUMENT # P05000079229
1. Entity Name
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

40057708 ✓

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1680113		Applied For <input checked="" 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		FL	Zip Code 32082

**DO NOT WRITE
IN THIS SPACE**

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, BONNIE J. 2712 STRASBOURG COURT PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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

3/29/07
Date

904 476-3005

Daytime Phone #