## 2000 UNIFORM BUSINESS REPORT (UBR)

GRADY TRACTO

SIGNATURE

INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

912/377-3383

Daytime Phone #

## FILED Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # P21786** GRADY TRACTOR COMPANY, INC. 02-01-2000 90047 037 \*\*\*150.00 Mailing Address Principal Place of Business 2025 HIGHWAY 84 EAST 2025 HIGHWAY 84 EAST **CAIRO GA 31728 CAIRO GA 31728** 911614 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 58-097.1479 ¬ Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAMB, MARION D., III Street Address (P.O. Box Number is Not Acceptable) 1972 RAYMOND DIEHL ROAD · TALLAHASSEE FL 32308 • Zip Code FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE ☐ Delete TITLE MARSHALL, HENRY M., JR. NAME NAME STREET ADDRESS 2025 HIGHWAY 84 EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAIRO GA ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BOOTH, CLARA NAME 2025 HIGHWAY 84 EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAIRO GA ☐ Delete TITLE Change Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or or an attachment with an address with all other like empowered.