

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000012079

1. Entity Name

VROMAN, GRAVES & ASSOCIATES, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90062 042 ***150.00

Principal Place of Business

12914 ASTORWOOD PLACE
RIVERVIEW FL 33569
US

Mailing Address

POST OFFICE BOX 2627
RIVERVIEW FL 33568-2627
US

2. Principal Place of Business

8802 CROSS LANDING LANE

3. Mailing Address

Suite, Apt. #, etc.

City & State

RIVERVIEW, FL

City & State

Zip

Country

33569

US

Country

4. FEI Number

65-0375354

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAVES, RICHARD D
12914 ASTORWOOD PLACE
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8802 CROSS LANDING LANE

City

RIVERVIEW

FL

Zip Code
33569

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GRAVES, RICHARD D
STREET ADDRESS 12914 ASTORWOOD PL, P.O. BOX 2627
CITY-ST-ZIP RIVERVIEW FL 33568-2627

TITLE D ☐ Delete
NAME GRAVES, MELANIE
STREET ADDRESS 12914 ASTORWOOD PL, P.O. BOX 2627
CITY-ST-ZIP RIVERVIEW FL 33568-2627

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8802 CROSS LANDING LANE
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8802 CROSS LANDING LANE
CITY-ST-ZIP RIVERVIEW, FL 33569

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MELANIE M GRAVES*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00
Date

813-672-9588
Daytime Phone #

CR2E034 (9/99)