

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000054484

1. Entity Name

GRADY, OWEN, AND ASSOCIATES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90076 020 ***150.00

Principal Place of Business

Mailing Address

1482 PINE ST.
NICEVILLE FL 32578
US

P.O. BOX 549
NICEVILLE FL 32588-0549



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

906 Nutmeg Ave.

P.O. Box 549

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Niceville FL.

City & State

Niceville FL.

4. FEI Number

59-3257704

Applied For

Not Applicable

Zip

32578

Country

US.

Zip

32588-0549

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYANT, WILLIAM G
1482 PINE STREET
NICEVILLE FL 32578

Name Matthew Owen Williams

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

906 Nutmeg Ave.

City Niceville

FL

Zip Code 32578

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

4-17-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BRYANT, WILLIAM G 1482 PINE STREET NICEVILLE FL 32573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WILLIAMS, MATTHEW RT 1 BOX 101 F-3 FREEPORT FL 32439	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President P/T Matthew Owen Williams 906 Nutmeg Ave Niceville FL 32578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Secretary Kathleen Claire Williams 906 Nutmeg Ave Niceville FL 32578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Matthew Owen Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

(850) 897-4265

Daytime Phone #

CR2E034 (9/99)