

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000054484**1. Entity Name
GRADY, OWEN, AND ASSOCIATES, INC.Principal Place of Business
906 NUTMEG AVE
NICEVILLE FL 32578
USMailing Address
P.O. BOX 549
NICEVILLE FL 325882. Principal Place of Business
10 HUDSON CT.3. Mailing Address
P.O. BOX 549

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FREEPORT FLCity & State
NICEVILLE FL4. FEI Number
59-3257704Applied For
Not ApplicableZip
32549Country
USZip
32578Country
US5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS MATTHEW O
906 NUTMEG AVE.NICEVILLE FL 32578
US

7. Name and Address of New Registered Agent

Name
WILLIAMS MARTIN RStreet Address (P.O. Box Number is Not Acceptable)
10 HUDSON CT.City
FREEPORT FL Zip Code
32549

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 **MARTIN RAY WILLIAMS**

04/30/2001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete
S
WILLIAMS KATHLEEN C
906 NUTMEG AVE.
NICEVILLE FL 32578TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete
PT
WILLIAMS MATTHEW O
906 NUTMEG AVE
NICEVILLE FL 32578TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D
EARLS RICHARD D
214 DAVIS DR.
NICEVILLE FL 32578TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
V
WILLIAMS MERVIN E
10 HUDSON CT.
FREEPORT FL 32549TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
P/T
WILLIAMS MARTIN R
10 HUDSON CT.
FREEPORT FL 32549TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
S
WILLIAMS MATTHEW O
906 NUTMEG AVE
NICEVILLE FL 32578TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: **MARTIN RAY WILLIAMS**

P/T 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)