

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011882

1. Entity Name

T. GRAHAM CONSTRUCTION CONSULTING MANAGEMENT GUI

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90211 037 ***150.00

Principal Place of Business

3839 BADGER ST
SARASOTA FL 34232
US

Mailing Address

3839 BADGER ST
SARASOTA FL 34232
US

2. Principal Place of Business

2062 1/2 17th STREET
Suite, Apt. #, etc.

3. Mailing Address

2062 1/2 17th STREET
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0603075

Applied For

Not Applicable

Zip

34234

Country

USA

Zip

34234

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

B. THOMAS GRAHAM
2062 1/2 17TH ST
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2001 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	<input type="checkbox"/> Delete
NAME	B. THOMAS GRAHAM	
STREET ADDRESS	2175 MAGNOLIA ST.	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MANNS, GEORGE	
STREET ADDRESS	1657 GEORGETOWN BLVD.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MANNS, PAUL	
STREET ADDRESS	1923 31ST AVE E.	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. THOMAS GRAHAM

Date

4/18/01

Daytime Phone #

941-955-3752

CR2E034 (10/00)