

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90111 048 \*\*\*150.00

**DOCUMENT # P95000012770**

1. Entity Name

**GRAVES AND HILL, PROFESSIONAL ASSOCIATION**

Principal Place of Business

**2101 -14TH AVE  
 VERO BEACH FL 32960  
 US**

Mailing Address

**P.O. BOX 6190  
 VERO BEACH FL 32961-6190**

2. Principal Place of Business

**1446 19th PLACE**

Suite, Apt. #, etc.

**SUITE 200**

City & State

**VERO BEACH, FL**

Zip

**32960**

Country

**US**

3. Mailing Address

**1446 19th PLACE**

Suite, Apt. #, etc.

**SUITE 200**

City & State

**VERO BEACH FL**

Zip

**32960**

Country

**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0555178**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GRAVES, ALICE J**

**2101-14TH AVE 1446 19th PLACE, SUITE 200**

**VERO BEACH FL 32960**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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, 2002 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GRAVES, ALICE J</b>
STREET ADDRESS	<b>1530 56TH SQ EAST</b>
CITY-ST-ZIP	<b>VERO BEACH FL 32966</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HILL, KATHRYN J</b>
STREET ADDRESS	<b>265 38TH CT P.O. Box 650174</b>
CITY-ST-ZIP	<b>VERO BEACH FL 32968 32965</b>
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	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P.O. Box 650174</b>
STREET ADDRESS	
CITY-ST-ZIP	<b>32965</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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

Date

Daytime Phone #

**4-15-02 (772) 567-1900**

CR2E034 (9/01)