

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90279 003 \*\*\*150.00

**DOCUMENT # P95000012770**

**1. Entity Name**  
**GRAVES AND HILL, PROFESSIONAL ASSOCIATION**



**Principal Place of Business**  
**1446 19TH PLACE**  
**STE 200**  
**VERO BEACH FL 32960**  
**US**

**Mailing Address**  
**1446 19TH PLACE**  
**STE 200**  
**VERO BEACH FL 32960**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-0555178**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

11018798



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GRAVES, ALICE J**  
**~~2101 14TH AVE~~**  
**VERO BEACH FL 32960**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1446 19th Place, Suite 200**  
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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **GRAVES, ALICE J**  
**STREET ADDRESS** **1530 56TH SQ EAST**  
**CITY-ST-ZIP** **VERO BEACH FL 32966**

☒ Change ☐ Addition  
**TITLE**  
**NAME** **3805 7th Lane**  
**STREET ADDRESS** **Vero Beach, FL**  
**CITY-ST-ZIP** **32968**

**TITLE** **D** ☐ Delete  
**NAME** **HILL, KATHRYN J**  
**STREET ADDRESS** **P.O. BOX 650174**  
**CITY-ST-ZIP** **VERO BEACH FL 32965**

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

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**12. 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 10 or Block 11 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 # \_\_\_\_\_

772-567-1900

CR2E034 (10/02)