

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 27, 2001 8:00 am
Secretary of State

07-27-2001 90003 014 ***150.00

DOCUMENT # P96000030815

1. Entity Name
GRACIA CREATIVE INC.

Principal Place of Business

**109 SOUTH SPRING
 TARPON SPRINGS FL 34689**

Mailing Address

**109 SOUTH SPRING
 TARPON SPRINGS FL 34689**

2. Principal Place of Business

109 S. SPRING BLVD

3. Mailing Address

109 S. SPRING BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS, FL

Zip
34689

Country
USA

Zip
34689

Country
USA

4. FEI Number

59-3373565

Applied For

Not Applicable

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

ROBERTS, GRACIA B

109 SOUTH SPRING

TARPON SPRINGS FL 34689

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** ☐ Delete
 NAME **ROBERTS, GRACIA B**
 STREET ADDRESS **109 SOUTH SPRING**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

27 July 2001

727-942-4668

CR2E034 (5/01)

Attachment

A0039731



#A96000030815

24 July, 2001

Florida Department of State
Katherine Harris, Secretary of State

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

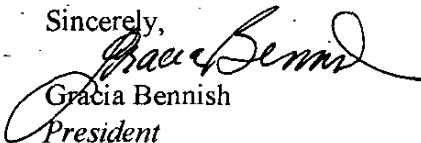
To Whom it may concern:

I recently received your "Uniform Business Report (UBR)". Upon examination I noted a \$550 fee. I recalled paying over the years a substantial lower fee and called my accountant to verify. He indicated that I should have received this form requiring payment of \$150 by May.

My company did not receive the (UBR) form this year with the May deadline and fee of \$150. Our company has always promptly paid the yearly fee with the State and request a courtesy adjustment regarding this matter.

Enclosed please find our check for \$150.
Your consideration is greatly appreciated.

Sincerely,


Gracia Bennish
President