

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90215 032 ***150.00

DOCUMENT # P96000030815

1. Entity Name
GRACIA CREATIVE INC.

Principal Place of Business

**109 SOUTH SPRING BLVD
 TARPON SPRINGS FL 34689**

Mailing Address

**109 SOUTH SPRING BLVD
 TARPON SPRINGS FL 34689**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

626 EUNICE DRIVE

3. Mailing Address

626 EUNICE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TARPON SPRINGS FL

City & State

TARPON SPRINGS FL

4. FEI Number

59-3373565

Applied For

Not Applicable

Zip

34689

Country

Zip

34689

Country

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

Robert, Gracia B

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

626 EUNICE DRIVE

City

TARPON SPRINGS

FL

Zip Code

34689

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **ROBERTS, GRACIA B**
 STREET ADDRESS **109 SOUTH SPRING**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE ☐ Change ☐ Addition
 NAME **Robert, Gracia B**
 STREET ADDRESS **626 EUNICE DR**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689 ONLY**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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: Gracia Roberts
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)