

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90172 043 ***150.00

DOCUMENT # P96000068104

1. Entity Name
PAMELA H. GRAVES, INC.



Principal Place of Business
**6015 CHARDONNAY LANE #204
NAPLES FL 34119**

Mailing Address
**6015 CHARDONNAY LANE #204
NAPLES FL 34119**



2. Principal Place of Business

3. Mailing Address

131 April Sound Dr
Suite, Apt. #, etc.

131 April Sound Dr
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Naples FL

Zip
34119

Country

City & State

Naples FL

Zip
34119

Country

4. FEI Number **65-0689413**

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

**GRAVES, PAMELA H
6015 CHARDONNAY LANE #204
NAPLES FL 34119**

Name

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

131 April Sound Drive

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
GRAVES, PAMELA H
6015 CHARDONNAY LANE #204
NAPLES FL 34119** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
131 April Sound Drive ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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: **PAMELA H. GRAVES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/03 239 571 8989

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

10111.58
P916000068104

August 13, 2003

I am enclosing a check for \$150.00 as instructed per my phone conversation with a representative at the Division of Corporations. My address changed this year and I did not receive my form until the first week of July 2003 (see enclosure) and did not realize this was due by May 1st 2003. Please accept my check for \$150.00 and note my change of address for next year.

Sincerely,
Pamela Graves