

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90039 033 ***550.00

0068365 AV

DOCUMENT # P97000075374

1. Entity Name
GRAHAM HANOVER, INC.

LA

Principal Place of Business
8480 WINNIPESAUKEE WAY
LAKE WORTH FL 33467
US

Mailing Address
8480 WINNIPESAUKEE WAY
LAKE WORTH FL 33467
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19 Southern Cross Circle

Suite, Apt. #, etc.

104

City & State

Boynton Bch Fla.

Zip

33436

Country

USA

3. Mailing Address

19 Southern Cross Circle

Suite, Apt. #, etc.

104

City & State

Boynton Bch Fla.

Zip

33436

Country

USA

4. FEI Number

65-0778106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROWE, CYMONIE
6347 LA COSTA DRIVE
LAKE WORTH FL 33462

7. Name and Address of New Registered Agent

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)

July 11, 01
 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 ☐ Delete
 NAME **CEOP**
 STREET ADDRESS **VOCHE, T.E.**
 CITY-ST-ZIP **8480 WINNIPESAUKEE WAY**
LAKE WORTH FL 33435

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **ROWE, THELKA**
 CITY-ST-ZIP **6347 LA COSTA DRIVE**
BOCA RATON FL 33462

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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
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 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

July 11, 01
 Date

Daytime Phone #

CR2E034 (5/01)