2003 FOR PROFIT CORPORAT

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Apr 25, 2003 8:00 am Secretary of State			
DOCUMENT # P97000075374 1. Entity Name GRAHAM HANOVER, INC.						94-25-2003 90153 014 ***150.00			
SUITE 104 BOYNTON BE US 2. Principal P	ACH FL 33436	SUITE 104 BOYNTON BEACH FL 334 US 3. Mailing Address	OUTHERN CROSS CIRCLE E 104 NTON BEACH FL 33436 illing Address						
Suite, Apt.		Suite, Apt. #, etc. City & State			4	CHECK HERE IF MAKING CHANGES 4. FEI Number CE 0770400 Applied For			
Zip	Country	Zip Cour		rv	05-0778 100 Not Ap		t Applicable		
6. Name and Address of Current R		·		5. Certi		Certificate of Status Desired Name and Address of New Registere	Fee Require		
ROWE, C' 6347 LA (LAKE WO 8. The above the obligat	_	Street Address Pay NT City	<u>iu 11-</u> id N	NOCHÉ SEA CH FL334 Fent, or both, in the State of Florida. I a	36 L Zip Code 334.	36			
SIGNATURE.	Signalure, look or printed name of registered agent	ERPL VOCH and title if applicable. (NOTE		Agent signature requ	uired when re	einstating) DATE	1-C 20,0	<u>53</u>	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.			DITIONS/CHANGES TO OFFICERS A		S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP VOCHE, T.E. 8480 WINNIPESAUKEE WAY LAKE WORTH FL 33435	⊠ Delete		TANDRESS ILC	Sc	VUCE: PRESIDE OUTHERN CROSS O4 BOUNTON BE	UKCLE	Addition Addition	
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP