

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90027 006 \*\*\*150.00

**DOCUMENT # P97000088045**

1. Entity Name

**GRADEN COMMUNICATIONS, INC.**

Principal Place of Business

Mailing Address

1362 86TH TERRACE S  
 SAINT PETERSBURG FL 33708  
 US

1362 86TH TERRACE S  
 SAINT PETERSBURG FL 33702-2922  
 US

A3094627



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2800 Leprechaun Lane  
 Suite, Apt. #, etc.

2800 Leprechaun Lane  
 Suite, Apt. #, etc.

City & State  
 Palm Harbor FL

City & State  
 Palm Harbor FL

4. FEI Number 59-3492918

Applied For  
 Not Applicable

Zip  
 34683

Country  
 US

Zip  
 34683

Country  
 US

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

GRADEN, JOHN  
 1362 86TH TERRACE S  
 SAINT PETERSBURG FL 33708

Name

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

2800 Leprechaun Lane

City

Palm Harbor

FL

Zip Code

34683

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, 2000 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  
 NAME GRADEN, JOHN  
 STREET ADDRESS 1362 86TH TERRACE S  
 CITY-ST-ZIP SAINT PETERSBURG FL 33708 ☐ Delete

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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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 #

CR2E034 (9/99)