

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90733 009 ***150.00

DOCUMENT # **P970000097684**
1. Entity Name
Grace Holding Company, Inc

DO NOT WRITE IN THIS SPACE

B0061642

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
114 North Las Olas Dr
Suite, Apt. #, etc.
Jensen Beach
City & State
Florida
Zip
34957 Country
USA

3. Mailing Address
Po Box 1453
Suite, Apt. #, etc.
Jensen Beach
City & State
Florida
Zip
34958-1453 Country
USA

4. FEI Number
65-0873506 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Edward R. Cowal
Street Address (P.O. Box Number is Not Acceptable)
114 North Las Olas Drive
City
Jensen Beach FL Zip Code
34957

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

APR 101-2002
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1st Day 1 Fee is \$150.00
After Day 1 Fee is \$550.00
Amended UBR is \$61.26
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 NAME STREET ADDRESS CITY-ST-ZIP	PO Edward R. Cowal 114 N Las Olas Dr. Jensen Beach, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Carol L. Cowal 114 North Las Olas Drive Jensen Beach, FL 34957
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowerments.

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

APR 101-2002
Date Daytime Phone #

561-229-9938

CR2E034B (12/01)