

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90349 037 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000029143

1. Entity Name
GRADY MANAGEMENT CORPORATION

Principal Place of Business
2349 CENTRAL AVE
SAINT PETERSBURG FL 33713

Mailing Address
2349 CENTRAL AVE
SAINT PETERSBURG FL 33713

2. Principal Place of Business
3530 OAK ST. NE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 142
Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL
Zip
33704

City & State
ST. PETERSBURG, FL
Zip
33731

4. FEI Number
59-3507892

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRIEDMAN, THADDEUS
8150 CYPRESS GARDEN COURT
LARGO FL 33777

7. Name and Address of New Registered Agent

Name
THADDEUS FREEMAN, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
8150 CYPRESS GARDEN COURT
City
LARGO **FL** **Zip Code**
33777

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 *Thaddeus Freeman*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
GRADY, MICHAEL T
1941 GLENN LAKE CIRCLE
ST. PETERSBURG FL 33702

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
GRADY, THERESA M
1941 GLENN LAKE CIRCLE
ST. PETERSBURG FL 33702

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

TITLE
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CITY-ST-ZIP
☐ **Change** ☐ **Addition**

TITLE
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CITY-ST-ZIP
☐ **Delete**

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/02 (771) 502-9840

CR2E034 (9/01)