## 0427529 AV

## FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90026 037 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000032812

**DOCUMENT#** 

1. Entity Name
TED P GRAHAM INC.



ILD I . G	, -						
Principal Place of Business 16060 E. HIALEAH DRIVE LOXAHATCHEE FL 33470		Mailing Address 16060 E. HIALEAH DRIVE LOXAHATCHEE FL 33470					
2. Principal F	Place of Business	3. Mailing Address				O REELE EERSTE IN	161   HOLD   HEI 1061
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>		CHECK HERE IF MAKIN	IG CHANG	ES
City & State		City & State		4.	FEI Number <b>65-0826236</b>		Applied For Not Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Fee Requ	Additional
	6. Name and Address of Current	Registered Agent		- 7.	Name and Address of New Registered	Agent = '-	
GRAHAM	TED P		Name				
Graham, Ted P 16060 e Hialeah Dr			Street Add	ress (P.O. 8	Box Number is Not Acceptable)		
	CHEE FL 33470						
			City		F	Zip C	ode
	a named entity submits this statement for	or the purpose of changing its re	egistered office or re	gistered aç	gent, or both, in the State of Florida. I an		th, and accept
					4		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	equired when r	reinstating) DATE		
` F	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Financing		5.00 May Be
A 24	r May 1, 2003 Fee will be \$550.00	1					LILL MAV KA
	k Payable to Florida Department o	of State				☐ Ād	ded to Fees
Make Chect	k Payable to Florida Department o	DIRECTORS	11.	Αſ		D DIRECTO	DRS IN 11
Make Check 10. TITLE	k Payable to Florida Department of OFFICERS AND D		TITLE	A	Trust Fund Contribution.	☐ Ad	DRS IN 11
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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 agrees. With all other like empowered.

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

RETEN A GRAHAM . PRESIDENT

H/12/03

561.793.709

Daytime Phone #