

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90146 034 ***150.00

DOCUMENT # P98000036387

1. Entity Name
J.D. GRAHAM, INC.



Principal Place of Business

~~99 FARRAGUT DR.~~
PALM COAST FL 32137

Mailing Address

~~99 FARRAGUT DR.~~
PALM COAST FL 32137

NEW ADDRESS

2. Principal Place of Business

5000 N. OCEANSHORE BV.

3. Mailing Address

5000 N. OCEANSHORE BV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM COAST FLA.

City & State

PALM COAST FLA.

Zip

32137

Country

USA

Zip

32137

Country

USA

4. FEI Number

65-0849147

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GRAHAM, J.D.
99 FARAGUT DR
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

GRAHAM JOHN D.

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

5000 N. OCEANSHORE BV

City

PALM COAST

FL

Zip Code

32137

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GRAHAM, JOHN D**
STREET ADDRESS **99 FARRAGUT DRIVE**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **GRAHAM, JOHN D** ☒ Change ☐ Addition
NAME **5000 N OCEANSHORE BV...** ADDRESS ONLY
STREET ADDRESS **PALM COAST FL. 32137**
CITY-ST-ZIP

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

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

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.

SIGNATURE:

JOHN D. GRAHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

26 JAN 03

Daytime Phone #

(386) 447-8862

CR2E034 (10/02)