## **2003 FOR PROFIT CORPORATION**

## FILED Mar 05, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR **DOCUMENT #** P98000076118 1. Entity Name 03-05-2003 90024 043 \*\*\*150.00 GRAFTON ENTERPRISES, INC. Principal Place of Business Mailing Address 8212 N.W. 91ST AVENUE 2901 N.-FEDERAL-HAY. TAMARAC FL 33321 OMPANO BCH. FL 33064 2. Principal Place of Business 3. Mailing Address 777 GLADES ROAD Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0861342 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAHONEY, ROBERT F CPA 3801 NORTH FEDERAL HWY. GLADES BOAD POMPANO BCH. FL 33064 City 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. the obligations of registered agen SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition CHERVENAK, JOHN M NAME 8212 N.W. 91ST AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CHERVENAK, JOHN NAME STREET ADDRESS 27 GRAFTON DR. STREET ADDRESS CITY-ST-7IP MORRIS PLAINS NJ 07950 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CHERVENAK, CECELIA A NAME 8212 N.W. 91ST AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

HEAV ENDL I

CR2E034 (10/02)