

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088119

1. Entity Name

GRACE PROMOTIONS & PRODUCTION, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90114 043 ***150.00

Principal Place of Business

4088 EAST MARYLAND PLACE
CASSELBERRY FL 32707

Mailing Address

127 WEST FAIRBANKS AVENUE
UNIT 165
WINTER PARK FL 32707-5263

2. Principal Place of Business

4009 West Maryland Place

3. Mailing Address

4009 West Maryland Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CASSELBERRY, Florida

City & State

CASSELBERRY, Florida

4. FEI Number

59-3537724

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

U.S.A.

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

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
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	PSTD	<input checked="" type="checkbox"/> Delete
NAME	PARRISH, DONNA M	
STREET ADDRESS	4088 EAST MARYLAND PLACE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	PARRISH, DONNA M	
STREET ADDRESS	4009 West Maryland Place	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS ~~CHANGES TO OFFICERS~~ AND DIRECTORS ~~IN 11~~

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, DON	
STREET ADDRESS	4009 West Maryland Place	
CITY-ST-ZIP	CASSELBERRY, Florida 32707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: Donna M. Parrish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/00

Date

407-678-6266

Daytime Phone #

CR2E034 (9/99)