## **2002** Uniform Business Report (UBR)

## FILED Mar 28, 2002 8:00 am § **DOCUMENT #** P98000101028 **Secretary of State** 1. Entity Name 03-28-2002 90154 034 \*\*\*150.00 B.G. GRACE, INC. Principal Place of Business Mailing Address 39721 MEADOWWOOD LOOP 39721 MEADOWWOOD LOOP ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3550368 Not Applicable Country Country Zip \$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 Name ROBIN, CHRISTIAN Street Address (P.O. Box Number is Not Acceptable) 7600 BRIGHTSIDE DR. ZEPHYRHILLS FL 33541 City Zip Code Fl 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE (9/01) PTC ☐ Delete TITLE ■ Addition NAME DOUGLAS, DWIGHT S NAME STREET ADDRESS 39721 MEADOWOOD LOOP STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33540 CITY-ST-ZIP TITLE VSD ☐ Delete Change TITLE Addition NAME DOUGLAS, DONNA D NAME STREET ADDRESS 39721 MEADOWOOD LOOP STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33540 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME SIMMONS, BRADLEY NAME 6740 DAIRY RD STREET ADDRESS STREET ADDRESS 5121 EPPING LN CITY-ST-ZIP ZEPHYRHILLS FL 33541 CITY-\$T-ZIP ZEPHYRHILLS FL 33540 TITLE ☐ Delete TITLE ☐ Change Addition KNOWEL C. DOUGLAS NAME NAME 14618 GRENADINE DR #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 receive of 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 channed, or on an attachment with an address, with all other like empowered.

SIGNATURE: