

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018513

1. Entity Name

C. DRACE INVESTMENTS INC.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90041 037 \*\*\*150.00

Principal Place of Business

1012 OCEAN VIEW CT.  
FERNANDINA BEACH FL 32034

Mailing Address

1012 OCEAN VIEW CT.  
FERNANDINA BEACH FL 32034

2. Principal Place of Business

~~2111 EGRET LANE~~ 1704 BLUE HERON LANE  
Suite, Apt. #, etc.

3. Mailing Address

~~2111 EGRET LANE~~ 1704 BLUE HERON LANE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FERNANDINA BEACH, FL

City & State

FERNANDINA BEACH, FL

4. FEI Number

59-3562133

Applied For

Not Applicable

Zip

32034

Country

NASSAU

Zip

32034

Country

NASSAU

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

6. Name and Address of Current Registered Agent

PETERS, ROBERT  
2855 OCEAN RD.  
FERNANDINA BEACH FL 32034

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

1/15/01

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	DRACE, CHARLES L	
STREET ADDRESS	<del>1012 OCEAN VIEW CT</del>	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DRACE, DEBRA K	
STREET ADDRESS	<del>1012 OCEAN VIEW CT</del>	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
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	1704 BLUE HERON LANE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>2111 EGRET LANE</del>	
STREET ADDRESS	FERNANDINA BEACH, FL	
CITY-ST-ZIP	32034	
TITLE	1704 BLUE HERON LANE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>2111 EGRET LANE</del>	
STREET ADDRESS	FERNANDINA BEACH, FL	
CITY-ST-ZIP	32034	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES L. DRACE 1/15/01 (904) 261-1173

Date

Daytime Phone #

CR2E034 (10/00)