

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-30-2003 90093 004 \*\*\*150.00

**DOCUMENT # P99000063169**

1. Entity Name  
**NOHANDS ENTERTAINMENT, INC.**



Principal Place of Business  
**P O BOX 6031  
DELRAY BEACH FL 33482**

Mailing Address  
**P O BOX 6031  
DELRAY BEACH FL 33482**

2. Principal Place of Business  
**658 NW 89 Ave.**

3. Mailing Address  
**658 NW 89 Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Plantation FL**

City & State  
**Plantation FL**

4. FEI Number **65-0934671**

Applied For  
Not Applicable

Zip  
**33324**

Country  
**U.S.**

Zip  
**33324**

Country  
**U.S.**

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

## 6. Name and Address of Current Registered Agent

**GRAHAM, JASON  
3111 LAKEVIEW BLVD  
DELRAY BEACH FL 33445**

## 7. Name and Address of New Registered Agent

Name **Kelley Graham**  
Street Address (P.O. Box Number is Not Acceptable)  
**658 NW 89 Ave**  
City **Plantation FL** Zip Code **33324**

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 **Kelley Graham (Kelley Graham) (P.S.)** **5/26/03**  
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	PS	<input type="checkbox"/> Delete
NAME	GRAHAM, KELLEY D	
STREET ADDRESS	3111 LAKEVIEW BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GRAHAM, JASON A	
STREET ADDRESS	3111 LAKEVIEW BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
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		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Kelley Graham** **5/26/03** **(954) 474-5663**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)