

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # P99000073487

1. Entity Name

GRADIN, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-11-2000 90288 027 ***150.00

Principal Place of Business

Mailing Address

3241 OLEANDER AVE.
FT. PIERCE FL 34982

3241 OLEANDER AVE.
FT. PIERCE FL 34982-6425

2. Principal Place of Business

3. Mailing Address

3603 RIVER BIRCH DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. PIERCE FLA

4. FEI Number

65-0942788

Applied For

Not Applicable

Zip

Country

Zip

Country

34981

ST. LUCIE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKIDMORE, PAMELA R
3241 OLEANDER AVE.
FT. PIERCE FL 34982

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES. SEC. TREAS. ☐ Delete
NAME PAMELA SKIDMORE
STREET ADDRESS 3603 RIVER BIRCH DR
CITY-ST-ZIP FT. PIERCE FLA 34982

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V. PRES. ☐ Delete
NAME DOUG SKIDMORE
STREET ADDRESS 3603 RIVER BIRCH DR
CITY-ST-ZIP FT. PIERCE FLA 34982

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

4/22/00 361 464 4387

Date

Daytime Phone #

CR2E034 (9/99)