

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000073487**

1. Entity Name

GRADIN, INC.**FILED****Apr 05, 2001 8:00 am**
Secretary of State

04-05-2001 90091 037 ***150.00

C0042514

DO NOT WRITE IN THIS SPACE

Principal Place of Business 3241 OLEANDER AVE. FT. PIERCE FL 34982		Mailing Address 3603 RIVER BIRCH DR FORT PIERCE FL 34981	
2. Principal Place of Business 3239 OLEANDER AVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0942788		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKIDMORE, PAMELA R 3241 OLEANDER AVE. FT. PIERCE FL 34982			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3239 OLEANDER AVE 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 <i>Pamela Skidmore</i> PAMELA SKIDMORE 4/2/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SKIDMORE, PAMELA 3603 RIVER BIRCH DR FT PIERCE FL 34987 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SKIDMORE, DOUG 3603 RIVER BIRCH DR FT PIERCE FL 34987 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <i>Pamela Skidmore</i> PAMELA SKIDMORE 4/2/01 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		561-464-1534 Daytime Phone	

CR2E034 (10/00)