

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90051 028 ***150.00

DOCUMENT # P99000096262

1. Entity Name
GRAVES PROPERTIES, INC.

Principal Place of Business Mailing Address
3004 BRADFORD CIRCLE 3004 BRADFORD CIRCLE
PALM HARBOR FL 34685. PALM HARBOR FL 34685-2508



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-3605570 Not Applicable

Zip Country Zip Country 5. Certificate of Status-Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORRENCE, ALFRED W JR
6645 RIDGE RD
PORT RICHEY FL 34668

Name **ROGER L. GRAVES**
 Street Address (P.O. Box Number is Not Acceptable)
3004 BRADFORD CIRCLE
 City **PALM HARBOR** **FL** Zip Code **34685**

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 **ROGER L. GRAVES, PRESIDENT** *Roger Graves* **2/2/00**
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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, KAREN K	NAME	
STREET ADDRESS	3004 BRADFORD CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, ROGER L	NAME	
STREET ADDRESS	3004 BRADFORD CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Karen K Graves, Vice President* **2/2/00 727 8429443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)