

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S64048

1. Entity Name
GRAVES ELECTRIC INCORPORATED

FILED
Jun 30, 2002 8:00 am
Secretary of State

06-30-2002 90227 006 ***550.00

Principal Place of Business
10200 WILLOW LANE
PALM BEACH GARDENS FL 33410
US

Mailing Address
10200 WILLOW LANE
PALM BEACH GARDENS FL 33410
US

2. Principal Place of Business
14590 CRAZY HORSE LANE
Suite, Apt. #, etc.

3. Mailing Address
14590 CRAZY HORSE LANE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PALM BEACH GARDENS, FL
Zip
33418
Country
USA

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33418
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4. FEI Number 65-0266271
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRAVES, DEBORAH FENG
10200 WILLOW LANE
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name
TIMOTHY JOSEPH GRAVES
Street Address (P.O. Box Number is Not Acceptable)
14590 CRAZY HORSE LANE
City
PALM BEACH GARDENS FL Zip Code
33418

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D GRAVES, TIMOTHY JOSEPH 10200 WILLOW LANE PALM BEACH GRDNS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVES, DEBORAH FENG 10200 WILLOW LANE PALM BEACH GRDNS FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/02

Date

561-248-3085

Daytime Phone #

CR2E034 (9/01)