

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **S83776**

1. Entity Name

**JOHN GRAVES AND ASSOCIATES, INC.**



**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90146 005 \*\*\*150.00

Principal Place of Business  
**2300 SWANSON AVE.**  
**COCONUT GROVE FL 33133**

Mailing Address  
**2300 SWANSON AVE.**  
**COCONUT GROVE FL 33133**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0297175**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERG, DAVID T.**  
**555 NE 15TH ST.**  
**SUITE D-33**  
**MIAMI FL 33132**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GRAVES, JOHN C., II**  
CITY-ST-ZIP **2300 SWANSON AVE.**  
**COCONUT GROVE FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**JOHN GRAVES, PRESIDENT**

**7/11/03 (305) 260-0043**  
Date Daytime Phone #

CR2E034 (4/03)

Attachment  
90147835

July 25, 2003

Division of Corporations  
Uniform Business Report Filings  
Post Office Box #1500  
Tallahassee, Florida 32302-1500

RE: *John Graves & Associates, Inc.*  
*Document Number S83776*  
*2003 Uniform Business Report (UBR)*

Dear Sirs:

I am enclosing the captioned client's check in the amount of \$150 in payment of the 2003 Uniform Business Report. As explained below, I respectfully request your consideration in abating the \$400 late filing penalty.

Mr. Graves did not receive the report until recently. For some reason this report was forwarded in May to the Registered Agent by a former employee. This employee was subsequently fired. Mr. Graves had no idea this had happened and immediately contacted me regarding the form.

This is a one-owner business and his corporation files all of their taxes in a timely manner. The penalty would cause financial hardship at this time. Your consideration would be greatly appreciated.

Sincerely,



Vickie L. Driscoll  
Bookkeeper to John Graves

Enclosures

/vld