

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

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90178 017 \*\*\*150.00

DOCUMENT # **P93000018278**

1. Entity Name  
**GRUSENMEYER-SCOTT-WALKER, INC.**



Principal Place of Business  
**4095 S US HWY 1  
SUITE B  
ROCKLEDGE FL 32955  
US**

Mailing Address  
**4095 S US HWY 1  
SUITE B  
ROCKLEDGE FL 32955  
US**



2. Principal Place of Business

**4175 S US Hwy 1**

3. Mailing Address

**4175 S US Hwy 1**

Suite, Apt. #, etc.

**Suite 101**

Suite, Apt. #, etc.

**Suite 101**

City & State

**Rockledge FL**

City & State

**Rockledge FL**

Zip

**32955**

Country

**USA**

Zip

**32955**

Country

**USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3177966**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCALARNEY, NANCY A  
102 PARK PLACE BLVD.  
B-3  
KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

Name **DiAnna H. Ashton EA**  
Street Address (P.O. Box Number is Not Acceptable)  
**430 Semoran Blvd, #200**  
City **Casselberry** FL Zip Code **32707**

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 *DiAnna H. Ashton EA*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/22/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

TITLE	<b>PSD</b>	<input type="checkbox"/> Delete
NAME	<b>GRUSENMEYER, ANITA C</b>	
STREET ADDRESS	<b>5400 E COLONIAL DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32807</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, JOHN W</b>	
STREET ADDRESS	<b>4095 W. US HWY 1</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL 32801</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: *(Signature)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/22/03**  
**(x) 321-636-1055**

Date

Daytime Phone #