

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90107 016 \*\*\*150.00

**DOCUMENT # P98000045819**

1. Entity Name  
**GRISHUN-ILLINOIS, INC.**

Principal Place of Business      Mailing Address  
 125 S. INDIANA AVE.      125 S. INDIANA AVE.  
 ENGLEWOOD FL 34223      ENGLEWOOD FL 34223-3306

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 **65-0837555**      Applied For  
 Not Applicable

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

**RAWSON, THOMAS R**  
**565 SHAMROCK BLVD**  
**VENICE FL 34293**

*Resigned 8/24/99  
 from Corporation*

Name **Karl R. Neuweiler**  
 Street Address (P.O. Box Number is Not Acceptable)  
**125 South Indiana Ave**  
 City **Englewood**      **FL**      Zip Code **34223**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	PTD <b>NEUWEILER, KARL R</b> 232 VENETIA AVENUE, UNIT #1 WARM MINERAL SPRINGS FL 34287		
	VSD <b>RAWSON, THOMAS R</b> 565 SHAMROCK BLVD VENICE FL 34293		

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:** *K.R. Neuweiler*      **K.R. NEUWEILER**      1/14/2000      941-717-7171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)