

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90024 047 ***150.00

DOCUMENT # V17170

1. Entity Name

GRUBER AND ASSOCIATES, P.A.



Principal Place of Business *6550 North Federal Highway*
~~1650 SOUTHEAST 17TH STREET~~
~~SUITE 301~~ *Suite 522*
FORT LAUDERDALE FL ~~33316-1735~~
33308-1404

Mailing Address

6550 North Federal Highway
~~1650 SOUTHEAST 17TH STREET~~
~~SUITE 301~~
FORT LAUDERDALE FL ~~33316-1735~~
33308-1404



2. Principal Place of Business

6550 North Federal Highway

Suite, Apt. #, etc.

SUITE 522

City & State

Fort Lauderdale FL

Zip *33308-1404*

Country

US

3. Mailing Address

6550 North Federal Highway

Suite, Apt. #, etc.

SUITE 522

City & State

Fort Lauderdale, FL

Zip

33308-1404

Country

US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0312161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRUBER, RICHARD C.

~~1650 SOUTHEAST 17TH STREET~~

~~SUITE 301~~

~~FORT LAUDERDALE FL 33316-1735~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6550 North Federal Highway

SUITE 522

City

FL

Zip Code

33308-1404

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 \$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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
GRUBER, RICHARD C.
1650 SOUTHEAST 17TH STREET, SUITE 301
FORT LAUDERDALE FL 33316-1735

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
6550 North Federal Highway, Suite 522
Fort Lauderdale, FL 33308-1404

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

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

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TITLE ☐ Change ☐ Addition
NAME
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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 all other filers empowered.

SIGNATURE:

Richard C. Gruber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD C GRUBER 3/1/3 954-5222222

Date

Daytime Phone #

CR2E034 (10/02)