2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

256935 DOCUMENT #

1. Entity Name

SIGNATURE:

MARVIN E. GROSS ENTERPRISES, INC.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90003 001 ***150.00

1/6/03 (941) 371-2650

Principal Place of Business 10750 LANNOM LANE SARASOTA FL 34240 2. Principal Place of Business		Mailing Address 10750 LANNOM LANE SARASOTA FL 34240 3. Mailing Address			ية.				
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Suite, Apt. #,	etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number 59-1025642 Applied For Not Applica				
Zip	Country Zip		Country	j 5. '		Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Curre	ent Registered Agent			7. N	ame and Address of New Registe	red Age	ent	
<u> </u>	O. Hame and Address S. Co.			Name		•.			
GROSS,MAF	OVIN E		Our at Address		s (P.O. Box Number is Not Acceptable)				
				Street Address	s (P.O. 60	Number is Not Acceptable)			
10750 LANN									
SARASOTA	FL 34240		L					Zip Code	
				City			FL	Zip code	
the obligatio	,	nt for the purpose of charigin				ent, or both, in the State of Florida.			
SIGNATURE	ignature ned or printed name of registered a	gent and title if applicable.	(NOTE: Registered	Agent signature requi	ired when rei	nstating)	DATE		
After	E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550. Payable to Florida Departmen	00 nt of State				Election Campaign Financin Trust Fund Contribution.		Added	May Be to Fees
10.		ND DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS			
	PD	☐ Delete	TITLE					Change	☐ Addition
	GROSS, MARVIN E		NAME	:					
	10750 LANNOM LANE			ET ADDRESS					
	SARASOTA FL 34240		CITY-	-ST-ZIP					Addition
TITLE		☐ Delete	TITLE	l			1	Change	Addition
NAME			NAME						
STREET ADDRESS			•	ET ADDRESS					
CITY-ST-ZIP			CITY-	-ST-ZIP				Change	Addition
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STREET ADDRESS				ET ADDRESS - ST-ZIP					
CITY-ST-ZIP							_	Change	☐ Addition
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STREET ADDRESS				-ST-ZIP					
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STREET ADDRESS				-ST-ZIP					
CITY-ST-ZIP		□ Delete	TITLE					☐ Change	Addition
TITLE		□ Detete	NAM	l l					
NAME OTDEET ADDRESS				EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP					
12. I hereby of indicated of the corphanged	certify that the information supplie on this report or supplemental re- poration or the receiver or trustee or on an attachment with an addi	d with this filing does not que oort is true and accurate and empowered to execute this east, with all other like empo	alify for the exe I that my signa report as requi wered.	mption stated in ture shall have ired by Chapter	in Section the same r 607, Flor	119.07(3)(i), Florida Statutes. I furl legal effect as if made under oath ida Statutes; and that my name ap	her cert that I ai pears in	fy that the in n an officer Block 10 or	nformation or director r Block 11 if

WAE REQUIRED