

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90015 001 ***150.00

DOCUMENT # 285708

1. Entity Name

GRIMALDI ENTERPRISES, INC.

Principal Place of Business

**686 OLD HWY 98
SUITE 104
MIRAMAR BEACH FL 32550
US**

Mailing Address

**686 OLD HWY 98
SUITE 104
MIRAMAR BEACH FL 32550
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**686 Scenic Gulf Drive
Suite, Apt. #, etc.
Suite 104**

3. Mailing Address

**686 Scenic Gulf Drive
Suite, Apt. #, etc.
Suite 104**

City & State

Miramar Beach, FL 32550

City & State

Miramar Beach, FL 32550

4. FEI Number

59-1092109

Applied For

Not Applicable

Zip

32550

Country

USA

Zip

32550

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRIMALDI BARBARA R
686 OLD HWY 98
MIRAMAR BEACH
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name **Grimaldi, Barbara R.**Street Address (P.O. Box Number is Not Acceptable)
686 Scenic Gulf DriveCity **Miramar Beach****FL**Zip Code **32550**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE **PD** ☐ Delete
NAME **GRIMALDI, BARBARA R**
STREET ADDRESS **686 OLD HWY 98**
CITY-ST-ZIP **MIRAMAR BEACH FL 32550**TITLE **D** ☐ Delete
NAME **WRIGHT, MARION G.**
STREET ADDRESS **3221 SILVERLEAF DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32504**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **686 Scenic Gulf Drive**
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Barbara R. Grimaldi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 11, 2002 (850) 837-6216

Date

Daytime Phone #

CR2E034 (9/01)