

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90049 020 ***150.00

DOCUMENT # 318282

1. Entity Name

HAROLD GRANT, INC.

Principal Place of Business

50 S US HWY #1
STE 211
JUPITER FL 33477
US

Mailing Address

50 S US HWY #1
STE 211
JUPITER FL 33477
US

2. Principal Place of Business

11616 US HWY #1

Suite, Apt. #, etc.

3. Mailing Address

11616 US HWY #1

Suite, Apt. #, etc.

City & State

NORTH PALM BEACH FL

City & State

NORTH PALM BEACH FL

Zip

33408

Country

PALM BEACH

Zip

33408

Country

PALM BEACH

4. FEI Number

59-1195551

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

GRANT, HAROLD

50 S US HWY #1

STE 211

JUPITER FL 33477

Name

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

City

FL

Zip Code

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	GRANT, ROBERT	
STREET ADDRESS	10706 SE SEABREEZE CT	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	CT	<input type="checkbox"/> Delete
NAME	GRANT, HAROLD	
STREET ADDRESS	10090 TUTTLE BEACH RD APT A105	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GRANT, JUNE K	
STREET ADDRESS	10090 TUTTLE BEACH RD APT A105	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11090 TURTLE BEACH RD. APT 105	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANT, HAROLD	
STREET ADDRESS	11090 TURTLE BEACH RD APT 105	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01 561-622-7334

Date

Daytime Phone #

CR2E034 (10/00)