

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90198 004 ***150.00

DOCUMENT # 318282

1. Entity Name
HAROLD GRANT, INC.



Principal Place of Business
~~11616 US HWY #1~~
NORTH PALM BEACH FL 33408
US

Mailing Address
~~11616 US HWY #1~~
NORTH PALM BEACH FL 33408
US

2. Principal Place of Business

11682A US Hwy 1
Suite, Apt. #, etc.

City & State **Same**

Zip

Country

3. Mailing Address

11682A U.S. Hwy 1
Suite, Apt. #, etc.

City & State **Same**

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

GRANT, HAROLD
~~50 S US HWY #1~~
~~STE 211~~
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name
GRANT, HAROLD
Street Address (P.O. Box Number is Not Acceptable)
11955 LOST TREE WAY
NO. PALM BEACH
City
FL Zip Code
33408

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, 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	P	<input type="checkbox"/> Delete
NAME	GRANT, ROBERT	
STREET ADDRESS	10706 SE SEABREEZE CT	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	CTS	<input type="checkbox"/> Delete
NAME	GRANT, HAROLD	
STREET ADDRESS	11599 LOST TREE WAY	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAROLD, GRANT	
STREET ADDRESS	11090 TURTLE BEACH RD APT 105	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11599 LOST TREE WAY	
CITY-ST-ZIP		
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		

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 like empowered.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4-4-03 561-622-7334
Date Daytime Phone #

CR2E034 (10/02)