Sis SATSUMA ST CLEARWARTER FL 3755-300S S CLEARWARTER FL 3755-300S S S S S S S S S S S S S S	2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 359831 1. Entity Name HUGH GRANT REALTY & BUILDERS, INC.					FILED Jan 31, 2001 8:00 am Secretary of State 01-31-2001 90196 047 ***150.00				
Suite: Apr. A etc. Suite: Apr. A etc. DO NOT WRITE IN THIS SPACE City: A Suite: City: A Suite: City: A Suite: A FEI Number 59-1311369 Applied for: Not Applied Zip: Country: Zip: Country: Schellander 57-1311369 Applied for: Not Applied Zip: Country: Zip: Country: Schellander 57-111369 Applied for: Not Applied for: Not Applied for: B. Name and Address of Current Registered Agent: Name Name Applied for: Not Applied for: GRAUT, HUGH 1535 SATSUNA ST CLEARWATER FL 33756 Affer MACCS Street Address (PO Box Number is Not Accessible) City: FL Zip: City: FL Zip: SIGNATURE March Andress (Pol Box Number is Not Accessible) City: FL Zip: The above named entity: pomits this gatement to the grave applie address registeration is eighter to acture the startly its thrapplie Pomits Accessible: Dot Number is Not Accessible: Dot Number is Not Accessible: Signat Turk: March Ack Applied Expressible: Pomits Accessible: Tot Accessible: Tot Accessible: Tot Accessible: Signat Addits: City: Tot Acc	1535 SATSUMA ST 1535 SATSUMA ST CLEARWATER FL 33756-3605 CLEARWATER FL 33756		3-3605			a homene khok mizio falar keno aktor kat a	1) - 1711 -111			
City & State 4. FEI Humber 59-1311369 Applied Formation Zip Zip Country Zip Country S. Centificate of Status Dealers S. Set Status Dealers 9. Name and Address of Current Registered Agent Y. Name and Address of New Registered Agent Y. Name and Address of New Registered Agent ISSS STRUMA ST CLEARWATER FL 33756 With Mich Isste Status Dealers Y. Name and Address of New Registered Agent Street Address (PO Box Number is Not Acceptable) City FL Zip Code 8. The above needed entity of integration of the process of	2. Principal Place of Business 3. Mailing Address									
Zip Country Zip Country S. Destificate of Status Desired S. Status Desired	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
	City & State	City & State	City & State		4. FEI Number 59-131136					
GRANT, HUGH 1535 SATSUMA ST CLEARWATER PL 33756 Normal Stringt Address (P.O. Box Number is Not Acceptable) City FL Zip Code B. The above named entity comits this statement for the globes of changing is registered office or registered agent, or both, in the State of Florida. City SIGNATURE Conv FL Zip Code International entity comits this statement for the globes of changing is registered office or registered agent, or both, in the State of Florida. Extend to the state of Florida. SIGNATURE Conv FLE NOW!!! FEE IS \$150.00 Atter MAY 1, 2001 Fee will be \$550.00 Atter MAY 1, 2001	Zip Country	Zip	Cour	ntry	5. (8.75 Additional		
GRANT, HUGH 1SSS SATSUMA ST CLEARWATER FL 33758 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code B. The above named entity stomils this statement for the globes of changing its registered office or registered agent, or both, in the State of Florida. DME SIGNATURE	6. Name and Adda					Name and Address of New Regist	ered Age	nt		
City FL Zip Code City FL Zip	1535 SATSUMA ST	CHANG	ES		ss (P.O. E	P.O. Box Number is Not Acceptable)				
SIGNATURE June Date 9. This corporation is eligible to satisfy its intanglete Tax fling requirement and elicits to do so. INTE Registered Agent Expression required are networking) DATE 9. This corporation is eligible to satisfy its intanglete Tax fling requirement and elicits to do so. Inter MAY 1, 2001 Fee will be \$550.00 Make Checke Payable to Department of State Inter Fund Contribution. \$5,00 May Ee Added to Fees 11. OFFICERS AND DIRECTORS Inter MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Inter Fund Contribution. \$5,00 May Ee Added to Fees 11. OFFICERS AND DIRECTORS Inter MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Inter Fund Contribution. \$5,00 May Ee Added to Fees 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Inter Fund Contribution. Change I Addet Addet to Fees 13. SATSUMA ST CILEARWATER FL 33756 Inter Fund Contribution. Change I Addet Change I Addet Make Inter Fund Contribution. Change I Addet Change I Addet Make SIRET ADDRESS CIT: 57.20 Inter Fund Contribution. Change I Addet Change I Addet Make Inter Fund Contribution. Change I Addet Change I Addet Make SIRET ADDRESS CIT: 57.20 Inter Fund Contribution. Change I Addet Change I Addet Make Inter Fund Contribution. Inter Fund Contributi		,		City			FL	Zip Cod	e	
Imme PST ID belde TTTLE IC trange Additive INAME GRANT,HUGH V INAME STREET ADDRESS IC trange IA dditive STREET ADDRESS CLEARWATERI FL 33756 ITTLE IC trange IA dditive ITTLE ID belde ITTLE IC trange IA dditive ITTLE ID belde ITTLE ITTLE IC trange IA dditive ITTLE ID belde ITTLE ITTLE IC trange IA dditive ITTLE ID belde ITTLE ITTLE IC trange IA dditive ITTLE ID belde ITTLE ITTLE ITTLE IC trange IA dditive ITTLE ID belde ITTLE ITTLE ITTLE IC trange IA dditive ITTLE ID belde ITTLE ITTLE ITTLE ITTLE IC trange IA dditive ITTLE	Tax filing requirement and elects (See criteria on back)	to do so. After MAY 1 Make Check Pa	, 2001 Fee ayable to D	will be \$550.0 epartment of	State	Trust Fund Contribution.		Áddec	I to Fees	
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NAME STREET ADDRESS CITY-ST-ZIP II. 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 any 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 vustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is changed, or on an attachment with an address, with all other like empowered.	IAME	Delete	NAN STR	AE EET ADDRESS		f Marine - Marine - 1 - 2 and - 1		Change	Addition	
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	 I hereby certify that the informativi indicated on this report or supple of the corporation or the receiver changed, or on an attachment. 	on supplied with this filing does not qualif mental report is true and accurate and it or austee empowered to execute the re-	ly for the exe nat my signa port as requ ared.	emption stated in Iture shall have t ired by Chapter	Section he same i 607, Flori	119.07(3)(i), Florida Statutes. I furth legal effect as if made under oath; da Statutes; and that my name app	er certify t that I am a lears in Bl	hat the ir n officer ock 11 or	or director Block 12 if	