

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90057 011 \*\*\*150.00

**DOCUMENT # 488868**

1. Entity Name  
**GRIMES REAL ESTATE SERVICES, INC.**



Principal Place of Business  
**308 S DILLARD STREET  
WINTER GARDEN FL 34787  
US**

Mailing Address  
**308 S DILLARD STREET  
WINTER GARDEN FL 34787  
US**

**11006140**



2. Principal Place of Business

**462 Forest Haven Dr.**

Suite, Apt. #, etc.

3. Mailing Address

**462 Forest Haven Dr.**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**Winter Garden FL**

City & State

**Winter Garden FL**

4. FEI Number

**59-1710367**

Applied For

Not Applicable

Zip

**34787**

Country

**USA**

Zip

**34787**

Country

**USA**

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

6. Name and Address of Current Registered Agent

**GRIMES, SAUL P  
308 S DILLARD STREET  
WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

Name

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

**880 Tildenville School Rd**

City

**Winter Garden**

FL

Zip Code

**34787**

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 **Saul P Grimes**

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

(NOTE: Registered Agent signature required when reinstating)

**4/15/03**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GRIMES, SAUL P</b>	
STREET ADDRESS	<b>308 S DILLARD STREET</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>GRIMES, ANN M</b>	
STREET ADDRESS	<b>308 S DILLARD STREET</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	
TITLE	<b>VP-</b>	<input type="checkbox"/> Delete
NAME	<b>PARMER, MELANIE</b>	
STREET ADDRESS	<b>308 S DILLARD ST</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>880 Tildenville School Rd</b>
CITY-ST-ZIP	<b>Winter Garden FL 34787</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>880 Tildenville School Rd</b>
CITY-ST-ZIP	<b>Winter Garden FL 34787</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>462 Forest Haven Dr</b>
CITY-ST-ZIP	<b>Winter Garden FL 34787</b>
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**

**SAUL P Grimes**

Date

**4/17/03**

Daytime Phone #

**407-877  
0712**

CR2E034 (10/02)