2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 21, 2003 8:00 am Secretary of State 595698 DOCUMENT # 1. Entity Name 01-21-2003 90107 045 ***150.00 GRANFIELD - GRANFIELD ARCHITECTS, P.A. Principal Place of Business Mailing Address 3601 E OCEAN BLVD SUITE 002 3601 E OCEAN BLVD SUITE 002 STUART FL 34996 STUART FL 34996 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1863799 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRANFIELD, RICHARD S Street Address (P.O. Box Number is Not Acceptable) 3601 E OCEAN BLVD SUITE 002 STUART FL 34996 City 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. I am familiar with, and accept **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition GRANFIELD, RICHARD S. NAME NAME 3601 E. OCEAN BL #002 STREET ADDRESS STREET ADDRESS STUART FL CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition GRANFIELD, BRAD S. NAME STREET ADDRESS 3601 E OCEAN BLVD #002 STREET ADDRESS STUART FL CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition GRANFIELD, STEWART NAME NAME STREET ADDRESS 3601 SE OCENA BLVD #002 STREET ADDRESS CITY-ST-7IP STUART FL CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/F TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

FILED