

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-22-2003 90057 010 ***150.00

DOCUMENT # **647796**

1. Entity Name
SAUL GRIMES & ASSOCIATES, INC.



Principal Place of Business
**17316 STATE HWY. 438
P.O. BOX 175
OAKLAND FL 34760-0175**

Mailing Address
**17316 STATE HWY. 438
P.O. BOX 175
OAKLAND FL 34760-0175**



2. Principal Place of Business
911 W. Oakland Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 175
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Oakland FL 34760
Zip
34760 Country
USA

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Oakland FL
Zip
34760 Country
USA

4. FEI Number **59-1955194**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GRIMES, SAUL
17316 STATE HWY. 438
OAKLAND FL 34760**

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 GRIMES**

DATE **4/15/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIMES, SAUL 17316 STATE HWY. 438 OAKLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRIMES, ANN 17316 STATE HWY. 438 OAKLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEVINS, DAVID 17317 STATE HWY. 438 OAKLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	911 W OAKLAND AVE OAKLAND FL 34760	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	911 W OAKLAND AVE OAKLAND FL 34760	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

4/17/03

Daytime Phone #

407-656-7771

CR2E034 (10/02)