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

## DOCUMENT #

Principal Place of Business

F00000003218

Mailing Address

1. Entity Name

GRS FINANCIAL SERVICES, INC. OF SOUTHWEST FLORID



**FILED** Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90132 003 \*\*\*158.75

3050 CRAYTON ROAD NAPLES FL 34103		3050 CRAYTON ROAD NAPLES FL 34103		) 1381/33 ((1) 481/1 881/1 881/1 881/1 881/1 881/1 881/1 881/1 881/1 881/1 881/1 881/1 881/1 881/1 881/1 881/1		
2. Principal F	Place of Business	3. Mailing Address	,			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 04-3379222 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Curre	nt Registered Agent		.7. Name and Address of New Registered Agent		
SMITH, G. R 3050 CRAYTON ROAD			Name Street Addr	Name Street Address (P.O. Box Number is Not Acceptable)		
NAPLES F	EL 34103		City	, FL Zip Code		
the obligat	ions of registered agent.	nt and title if applicable. (NOTE	registered office or req	9. Election Campaign Financing\$5.00 May Be		
Make Check	Payable to Florida Department	of State		Trust Fund Contribution. Added to Fees		
10. TITLE	OFFICERS AN		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAÑE STREET ADDRESS CITY-ST-ZIP	SMITH, G. R 3050 CRAYTON ROAD NAPLES FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME Street Address City-St-Zip	V SMITH, DAREN C 212 BROADWAY ARLINGTON MA 02474-5428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Smith Daren C. Addition  103 Springdale Road  Manchester, NH 03103  Gelinas, Catherine Gange Addition  3050 Crayton Road  Naples, FL 34103		
TITLE Name Street address City-St-Zip	a <b>⊆</b> a ur <del>e e</del> v	Delete	NAME STREET ADDRESS CITY-ST-ZIP	Gelinas, Catherine Brange Maddition 3050 CRAY ton Road Naples FL 34103		
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 addess,

**SIGNATURE:**