

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000003983

FILED
Jan 07, 2003
Secretary of State

Entity Name: GRS INSURANCE GROUP, INC.

Current Principal Place of Business:

6395 GREENFIELD ROAD
UNIT 1406
ELKRIDGE, MD 21075

New Principal Place of Business:

6932 SCARLETT OAK DRIVE
ELKRIDGE, MD 21075

Current Mailing Address:

ATTN: COFO
ONE TOWNE SQUARE SUITE 800
SOUTHFIELD, MI 480763723 US

New Mailing Address:

FEI Number: 38-3331200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GABRIEL ROEDER SMITH & CO
301 E LAS OLAS BLVD
STE. 200
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

GABRIEL ROEDER SMITH & CO
4880 NEWBERRY ROAD
STE. 180
GAINESVILLE, FL 32607 US

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.

SIGNATURE: F KENNETH DAVIS

01/07/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: SHEPPARD, LISA
Address: 6395 GREENFIELD RD UNIT 1406
City-St-Zip: ELKRIDGE, MD 21075

Title: PTD () Delete
Name: DAVIS, F. KENNETH
Address: 1000 TOWN CENTER, STE. 1000
City-St-Zip: SOUTHFIELD, MI 48075

Title: S () Delete
Name: WILLIAMS, SHIRL
Address: 1000 TOWN CENTER, STE. 1000
City-St-Zip: SOUTHFIELD, MI 48075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: SHEPPARD, LISA
Address: 6932 SCARLET OAK DR.
City-St-Zip: ELKRIDGE, MD 21075 US

Title: PTD (X) Change () Addition
Name: DAVIS, F. KENNETH
Address: ONE TOWNE SQUARE, SUITE 800
City-St-Zip: SOUTHFIELD, MI 480763723 US

Title: S (X) Change () Addition
Name: WILLIAMS, SHIRL
Address: ONE TOWNE SQUARE, SUITE 800
City-St-Zip: SOUTHFIELD, MI 480763723 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F KENNETH DAVIS

P

01/07/2003

Electronic Signature of Signing Officer or Director

Date