

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

0647165 AT

04-11-2003 90091 038 ***150.00

DOCUMENT # F98000002165



1. Entity Name
GRELL ENTERPRISES, INC.

Principal Place of Business
~~3970 ALTON DARBY CREEK RD.
HILLIARD OH 43026~~

Mailing Address
~~3970 ALTON DARBY CREEK RD.
HILLIARD OH 43026~~

**3249 Newgate CT.
DUBLIN OH 43017**

**3249 Newgate CT
DUBLIN, OHIO 43017**



2. Principal Place of Business
LIMESTED RETIREMENT

3. Mailing Address
1117 MASSACHUSETTS AVE.

CHECK HERE IF MAKING CHANGES

City & State
ST. CLOUD FLORIDA

City & State
ST. CLOUD FLORIDA

4. FEI Number **31-1460033**

Applied For
Not Applicable

Zip **34769** Country **OSCEOLA**

Zip **34769** Country **OSCEOLA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIPP, JANICE
1117 MASSACHUSETTS AVE.
ST. CLOUD FL 34769**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** Delete
NAME **ELLINGSWORTH, PAUL C**
STREET ADDRESS **3970 ALTON DARBY CREEK RD.**
CITY-ST-ZIP **HILLIARD OH 43026**

TITLE **PC** Change Addition
NAME **PAUL C. ELLINGSWORTH**
STREET ADDRESS **3249 NEWGATE CT.**
CITY-ST-ZIP **DUBLIN OH. 43017**

TITLE **WVC** Delete
NAME **GREEN, ROBERT P**
STREET ADDRESS **5505 HAZELWOOD RD.**
CITY-ST-ZIP **COLUMBUS OH 43229**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **GREEN, EVELYN L**
STREET ADDRESS **5505 HAZELWOOD RD.**
CITY-ST-ZIP **COLUMBUS OH 43229**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **ELLINGSWORTH, VIRGINIA J**
STREET ADDRESS **3970 ALTON DARBY CREEK RD.**
CITY-ST-ZIP **HILLIARD OH 43026**

TITLE **SD** Change Addition
NAME **VIRGINIA J. ELLINGSWORTH**
STREET ADDRESS **3249 NEWGATE CT.**
CITY-ST-ZIP **DUBLIN OH. 43017**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *Paul C. Ellingsworth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03
1-614-718-0093
Date Daytime Phone #

CR2E034 (10/02)