

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # G77925**

1. Entity Name

**GROSVENOR BUILDING SERVICES, INC.****FILED****Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90083 021 \*\*\*158.75

Principal Place of Business 3398 PARKWAY CENTER CT. ORLANDO FL 32808		Mailing Address 3398 PARKWAY CENTER CT. ORLANDO FL 32808-1038	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

00014300



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2363375	Applied For Not Applied
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent****MC CAULEY, RITA  
3 BROADWAY CT  
ORLANDO FL 32803****7. Name and Address of New Registered Agent**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/2000