

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90102 002 ***158.75

DOCUMENT # G86506

1. Entity Name
TERRENCE W. GRANT, INC.

Principal Place of Business 7425 SW 139TH TERR MIAMI FL 33158	Mailing Address 7425 SW 139TH TERR MIAMI FL 33158
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C0008149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5 CREEK CIRCLE	3. Mailing Address 5 CREEK CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES, Florida	City & State NAPLES, Florida	4. FEI Number 59-2381856	Applied For Not Applicable
Zip 34114	Country USA	Zip 34114	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
GRANT, TERRENCE W.
7425 SW 139TH TERR
MIAMI FL 33158

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	5 CREEK CIRCLE
City	NAPLES FL
Zip Code	34114

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  **Jan 18, 2001**
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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANT, TERRENCE W. 7425 SW 139TH TERR MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5 CREEK CIRCLE NAPLES, Florida 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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

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:  **Terrence W. Grant** **Jan 18, 2001** **9417320153**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)