

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90062 030 ***158.75

DOCUMENT # G86506

1. Entity Name
TERRENCE W. GRANT, INC.



Principal Place of Business
5 CREEK CIRCLE
NAPLES FL 34114

Mailing Address
5 CREEK CIRCLE
NAPLES FL 34114

2. Principal Place of Business

3. Mailing Address

12991 S.W. Kings Row

12991 S.W. Kings Row

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Suzy, Florida

City & State

Lake Suzy, Florida

Zip

34269

Country

U.S.A

Zip

34269

Country

U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2381856

Applied For

Not Applicable

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

GRANT, TERRENCE W.
5 CREEK CIRCLE
NAPLES FL 34114

Name

TERRENCE W. GRANT

Street Address (P.O. Box Number is Not Acceptable)

12991 S.W. Kings Row

City

Lake Suzy

FL

Zip Code

34269

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

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

(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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	PD GRANT, TERRENCE W. 5 CREEK CIRCLE NAPLES FL 34114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	12991 S.W. Kings Row Lake Suzy, Florida 34269
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRENCE W. GRANT

1/15/03

941-625-8780

Date

Daytime Phone #

CR2E034 (10/02)