

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91043 013 \*\*\*150.00

**DOCUMENT # J45854**  
1. Entity Name  
**GRUDEM PROPERTIES, INCORPORATED**



Principal Place of Business  
**% ARDEN E. GRUDEM**  
**2536 LONG IRON COURT**  
**LONGWOOD FL 32779**  
**US**

Mailing Address  
**% ARDEN E. GRUDEM**  
**2536 LONG IRON COURT**  
**LONGWOOD FL 32779**  
**US**



2. Principal Place of Business  
**430 Village Place**

3. Mailing Address  
**430 Village Place**

Suite, Apt. #, etc.  
**Apt 320**

Suite, Apt. #, etc.  
**Apt 320**

City & State  
**Longwood FL**

City & State  
**Longwood FL**

4. FEI Number  
**59-2747279**

Applied For  
☐ Not Applicable

Zip  
**32779**

Country  
**US**

Zip  
**32779**

Country  
**US**

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**

**GRUDEM, ARDEN E.**  
**2536 LONG IRON COURT**  
**LONGWOOD FL 32779**

Name  
**Grudem, Arden E**  
Street Address (P.O. Box Number is Not Acceptable)

**430 Village Place, Apt 320**

City **Longwood** **FL** Zip Code **32779**

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 *Arden E. Grudem, Pres.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*April 3, 2003*  
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 **DP** ☐ Delete  
NAME **GRUDEM, ARDEN E.**  
STREET ADDRESS **2536 LONG IRON COURT**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE **DP** ☒ Change ☐ Addition  
NAME **Grudem, Arden E**  
STREET ADDRESS **430 Village Place, Apt 320**  
CITY-ST-ZIP **Longwood FL 32779**

TITLE **DS** ☐ Delete  
NAME **GRUDEM, JEAN C.**  
STREET ADDRESS **2536 LONG IRON CT.**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE **DS** ☒ Change ☐ Addition  
NAME **Grudem, Jean C**  
STREET ADDRESS **430 Village Place, Apt 320**  
CITY-ST-ZIP **Longwood FL 32779**

TITLE **D** ☐ Delete  
NAME **GRUDEM, WAYNE**  
STREET ADDRESS **16355 N 108TH WAY**  
CITY-ST-ZIP **SCOTTSDALE AZ 85259**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GRUDEM, GREG**  
STREET ADDRESS **W 727 CENTER RD**  
CITY-ST-ZIP **BRILLION WI**

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

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: *Arden E. Grudem, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**407-788-9330**  
*April 3, 2003*  
Date Daytime Phone #

CR2E034 (10/02)