

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90006 045 ***150.00

DOCUMENT # J58160

1. Entity Name

GRAMPUS CORPORATION

Principal Place of Business

Mailing Address

% PETER T. HOFSTRA
 8640 SEMINOLE BLVD
 SEMINOLE FL 34642
 US

4717 DOLPHIN CAY LANE SO
 #404
 ST PETERBURG FL 33711-4663
 US

2. Principal Place of Business

3. Mailing Address

4717 Dolphin Cay Lane S.#404
 Saint Petersburg, FL 33711

4717 Dolphin Cay Lane S.#404
 Saint Petersburg, FL 33711



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2779825

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOFSTRA, PETER T.
 8640 SEMINOLE BLVD
 SEMINOLE FL 34642

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

TITLE **PD**
 NAME **SPRINGER, DARRELL**
 STREET ADDRESS **4717 Dolphin Cay Lane S.#404**
 CITY-ST-ZIP **Saint Petersburg, FL 33711**

☐ Delete

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

TITLE **STD**
 NAME **SPRINGER, PAULEE W.**
 STREET ADDRESS **4717 Dolphin Cay Lane S.#404**
 CITY-ST-ZIP **Saint Petersburg, FL 33711**

☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Darrell Springer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00

Date

727-866-

Daytime Phone # **4209**

CR2E034 (9/99)