

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J86074

1. Entity Name

GRASSICK PRESS, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90166 005 ***150.00

706696



DO NOT WRITE IN THIS SPACE

Principal Place of Business % PATRICK GRASSICK 2403 SE FEDERAL HWY STUART FL 34904-4500	Mailing Address % PATRICK GRASSICK 2403 SE FEDERAL HWY STUART FL 34904-4500
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2. Principal Place of Business 1150 S.W. CHAPMAN WAY Suite, Apt. #, etc. # 301	3. Mailing Address 1150 S.W. CHAPMAN WAY Suite, Apt. #, etc. #301
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City & State PALM CITY, FL	City & State PALM CITY FL	4. FEI Number 59-2840104	Applied For Not Applicable
Zip 34990	Country USA	Zip 34990	Country USA

6. Name and Address of Current Registered Agent GRASSICK, PATRICK 2403 SE FEDERAL HWY STUART FL 34997	7. Name and Address of New Registered Agent Name: GRASSICK, PATRICK Street Address (P.O. Box Number is Not Acceptable) 1150 S.W. CHAPMAN WAY #301 City: PALM CITY FL Zip Code: 34990
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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 PATRICK GRASSICK PRESIDENT *Patrick Grassick* 1/12/01
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRASSICK, PATRICK 1150 SW CHAPMAN WAY PALM CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRASSICK, DIANE 1150 SW CHAPMAN WAY PALM CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: PATRICK GRASSICK *Patrick Grassick* 1/12/01 (561) 286-1213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)