

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K37736

1. Entity Name
GRANDVEE MARKETING, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90105 033 ***150.00

Principal Place of Business

Mailing Address

9123 GETTYSBURG RD
BOCA RATON FL 33434
US

9123 GETTYSBURG RD
BOCA RATON FL 33428-1617
US

00000700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11258 CLOVER LEAF CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON

City & State

4. FEI Number **59-2947390**

Applied For

Not Applicable

Zip
FL

Country
PALM BEACH

Zip
33428

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

GRANDFIELD, ERIC J.
9123 GETTYSBURG RD
BOCA RATON FL 33434

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 NAME STREET ADDRESS CITY-ST-ZIP | P. GRANDFIELD, ERIC J. 9123 GETTYSBURG RD BOCA RATON FL 33433 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 11258 CLOVER LEAF CIRCLE BOCA RATON, FL 33428 | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

Date

561-487-5252

Daytime Phone #

CR2E034 (9/99)