

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90060 048 \*\*\*150.00

**DOCUMENT # L47254**

1. Entity Name

**GRT ENTERPRISES, INC.**

Principal Place of Business

**312 S OLD DIXIE HWY #206  
 JUPITER FL 33458**

Mailing Address

**212 S OLD DIXIE HWY  
 JUPITER FL 33458**

2. Principal Place of Business

3. Mailing Address

**312 S. Old Dixie Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**206**

City & State

City & State

**Jupiter**

Zip

Country

Zip

Country

**33458**

4. FEI Number **65-0206143**

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

**BOYHAN, THOMAS  
 212 S OLD DIXIE HWY  
 JUPITER FL 33458**

Name

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

**312 S. Old Dixie Hwy #206**

City

**Jupiter**

FL

Zip Code

**33458**

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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BOYHAN, GEORGE</b>	
STREET ADDRESS	<b>88 RIVER DR</b>	
CITY-ST-ZIP	<b>TEQUESTA FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DUPLESSIS, ROBERT</b>	
STREET ADDRESS	<b>212 S OLD DIXIE HWY</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>BOYHAN, THOMAS R</b>	
STREET ADDRESS	<b>19005 TALON WAY</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**Thomas Boyhan**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/2001 561-744-2875**  
 Date Daytime Phone #

CR2E034 (10/00)