

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90009 026 ***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

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

2. Principal Place of Business

342 TONEY PENNA Dr.

3. Mailing Address

342 TONEY PENNA Dr.

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

Jupiter, FL

City & State

Jupiter, FL

Zip

33458

Country

Palm Beach

Zip

33458

Country

Palm Beach



DO NOT WRITE IN THIS SPACE

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

**BOYHAN, THOMAS
312 S OLD DIXIE HWY
206
JUPITER FL 33458**

7. Name and Address of New Registered Agent

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, 2002 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

1/7/02
Date

561-744-2875
Daytime Phone #

CR2E034 (9/01)