

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90062 028 ***150.00

DOCUMENT # M57689

1. Entity Name

G. R. S. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**513 SHADY PINE WAY D-1
 WEST PALM BEACH FL 33415-8996**

**513 SHADY PINE WAY D-1
 WEST PALM BEACH FL 33415-9083
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

104 W. PINE DR.

Suite, Apt. #, etc.

104 W. PINE DR.

City & State

LADY LAKE FLORIDA

City & State

LADY LAKE FLORIDA

Zip

32159

Country

U.S.A.

Zip

32159

Country

U.S.A.

4. FEI Number

59-2849482

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

**STARR, G. RAYMOND
 513 SHADY PINE WAY D-1
 WEST PALM BEACH FL 33415**

Name

STARR, G. RAYMOND

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

104 W. PINE DRIVE

LADY LAKE, FL

City

FL

Zip Code

32159

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]

4/24/00

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 **PDT** ☒ Delete
 NAME **STARR, G. RAYMOND**
 STREET ADDRESS **513 SHADY PINE WAY D-1**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **PDT** ☒ Change ☐ Addition
 NAME **STARR, G. RAYMOND**
 STREET ADDRESS **104 W. PINE DRIVE**
 CITY-ST-ZIP **LADY LAKE, FL 32159**

TITLE **VPRD** ☒ Delete
 NAME **STARR, EMMA L.**
 STREET ADDRESS **513 SHADY PINE WAY D 1**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **VPRD** ☒ Change ☐ Addition
 NAME **STARR, EMMA L.**
 STREET ADDRESS **104 W. PINE DRIVE**
 CITY-ST-ZIP **LADY LAKE, FL 32159**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

561 968-3679

Daytime Phone #

CR2E034 (9/99)