

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M92488

1. Entity Name

G.R.E.B.S. CORPORATION

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90052 043 ***150.00

Principal Place of Business

Mailing Address

415 CORONADO DR.
CLEARWATER BEACH FL 34630-2506

415 CORONADO DR.
CLEARWATER BEACH FL 33767-2506

2. Principal Place of Business

193 BRIGHTWATER DR

3. Mailing Address

193 BRIGHTWATER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FLORIDA

City & State

CLEARWATER BCH FL

4. FEI Number

59-2902608

Applied For

Not Applicable

Zip

Country

33767 USA

Zip

Country

33767 USA

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

OGRODNY, ZOFIA
415 CORONADO DRIVE
CLEARWATER BEACH FL 33767

Name

OGRODNY ZOFIA

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

193 BRIGHTWATER DR

CLEARWATER FL

X City

FL

Zip Code

33767

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]

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. ☐

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 PD
NAME OGRODNY, BOLESZAW
STREET ADDRESS 415 CORONADO DR
CITY-ST-ZIP CLEARWATER FL 33767 ☐ Delete

TITLE X OGRODNY BOLESZAW ☒ Change ☐ Addition
NAME
STREET ADDRESS 193 BRIGHTWATER DR
CITY-ST-ZIP CLEARWATER FL 33767

TITLE SD
NAME OGRODNY, ZOFIA
STREET ADDRESS 415 CORONADO DR
CITY-ST-ZIP CLEARWATER FL 33767 ☐ Delete

TITLE X OGRODNY ZOFIA ☒ Change ☐ Addition
NAME
STREET ADDRESS 193 BRIGHTWATER DR
CITY-ST-ZIP CLEARWATER FL 33767

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZOFIA OGRODNY 4-1-2000 (727) 467-9490

Date

Daytime Phone #