

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M92488

1. Entity Name
G.R.E.B.S. CORPORATION

Principal Place of Business

193 BRIGHTWATER DR
CLEARWATER FL 33767

Mailing Address

193 BRIGHTWATER DR
CLEARWATER FL 33767

2. Principal Place of Business

140 BRIGHTWATER DR

Suite, Apt. #, etc.

CLEARWATER FL

City & State

33767

Zip

Country

USA

3. Mailing Address

140 BRIGHTWATER DR

Suite, Apt. #, etc.

CLEARWATER FL

City & State

33767

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2902608

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OGRODNY, ZOFIA
193 BRIGHTWATER DR
CLEARWATER FL 33767

7. Name and Address of New Registered Agent

Name

OGRODNY ZOFIA

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

140 BRIGHTWATER DR

CLEARWATER

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

Zofia Ogrodny

Signature, type 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 tangible
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OGRODNY, BOLESŁAW 193 BRIGHTWATER DR CLEARWATER FL 33767	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OGRODNY, ZOFIA 193 BRIGHTWATER DR CLEARWATER FL 33767	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OGRODNY BOLESŁAW 140 BRIGHTWATER DR CLEARWATER FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OGRODNY ZOFIA 140 BRIGHTWATER DR CLEARWATER FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Zofia Ogrodny*

Boleslaw Ogrodny

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

727-447-3929

Daytime Phone #

CR2E034 (10/00)