

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000006894

FILED
Sep 12, 2002
Secretary of State

Entity Name: SPECIALIZED GRANT SERVICES, INC.

Current Principal Place of Business:

4543 LIGUSTRUM WAY
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

4543 LIGUSTRUM WAY
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 59-3681825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARAMORE, NORMAN M
4543 LIGUSTRUM WAY
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARAMORE, NORMAN M
Address: 4543 LIGUSTRUM WAY
City-St-Zip: ORLANDO, FL 32839

Title: CEOD () Delete
Name: PARAMORE, SHERRY P
Address: 4543 LIGUSTRUM WAY
City-St-Zip: ORLANDO, FL 32839

Title: VD () Delete
Name: PRIESTER, ROSA L
Address: 3259 W. SOUTH STREET
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN M. PARAMORE

PD

09/12/2002

Electronic Signature of Signing Officer or Director

Date