

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-05-2003 90253 044 *****70.00

FILED N02000002904

SECRETARY OF STATE
DIVISION OF CORPORATION

03 JUN 26 PM 2:47

DOCUMENT # N02000002904

1. Entity Name

GRANNY'S GANG TO SAVE GENERATION, INC.



Principal Place of Business

6507 GREEN DOLPHIN ST.
FT. PIERCE FL 34951

Mailing Address

6507 GREEN DOLPHIN ST.
FT. PIERCE FL 34951

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3646436

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, FRAN O ESQ.
320 AVE. A
FT. PIERCE FL 34950

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GREEN, MAXINE	
STREET ADDRESS	6507 GREEN DOLPHIN ST.	
CITY-ST-ZIP	FT. PIERCE FL 34951	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, HENRY	
STREET ADDRESS	8531 LOGIA CIR.	
CITY-ST-ZIP	BOYNTON BCH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, DORIS	
STREET ADDRESS	8531 LOGIA CIR.	
CITY-ST-ZIP	BOYNTON BCH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, JULIUS	
STREET ADDRESS	1548 SE ROYAL GREEN CIR.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MAXINE GREEN

4-30-2003 772 466 7485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)