

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90260 040 ***150.00

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DOCUMENT # P00000012682

1. Entity Name
MUNRO INTERNATIONAL, INC.



Principal Place of Business
1911 NW 67TH PL
4
GAINESVILLE FL 32653

Mailing Address
1911 NW 67TH PL
4
GAINESVILLE FL 32653

11013010



2. Principal Place of Business

3. Mailing Address

1847 South Main Street

1847 South Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Gainesville FL
Zip
32601
Country
USA

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Gainesville FL
Zip
32601
Country
USA

4. FEI Number 59-3624047

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

GRANT, TOM
1911 NW 67TH PL
4
GAINESVILLE FL 32653

Name Tom Grant
Street Address (P.O. Box Number is Not Acceptable)
1847 South Main Street
City Gainesville FL Zip Code 32601

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GRANT, TOM
STREET ADDRESS 1911 N W 67TH PL # 4
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE PD
NAME Tom Grant
STREET ADDRESS 1847 South Main Street
CITY-ST-ZIP Gainesville, FL 32601

TITLE
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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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/03/03 (352) 337 1535

CR2E034 (10/02)