

2001 UNIFORM BUSINESS REPORT (UBR)

0273435

DOCUMENT # P00000019363

1. Entity Name
THE GRASSHOPPER GROUP, INC.

FILED

01 MAY -3 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**4611 SOUTH UNIVERSITY DRIVE
SUITE 205
DAVIE FL 33328**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
606 E Hallandale Blvd

Suite, Apt. #, etc. City & State Zip Country
FL 33004 Broward

4. FEI Number Applied For
65-0994109 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MAYER, GARY
4611 SOUTH UNIVERSITY DRIVE
SUITE 205
DAVIE FL 33328**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City Zip Code
FL

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, 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! 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 MAYER, GARY 4611 SOUTH UNIVERSITY DRIVE SUITE 205 DAVIE FL 33328
VTSD PILDNER, TERRY 4611 SOUTH UNIVERSITY DRIVE SUITE 205 DAVIE FL 33328

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1*
TITLE NAME STREET ADDRESS CITY-ST-ZIP
600004220696--5 -05/16/01--01113--005 **150.00 ****150.00**

13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that n of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **President** 04/27/01 954-454-5922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER & DIRECTOR Date Daytime Phone #

CR2E034 (10/00)