

2001 UNIFORM BUSINESS REPORT (UBR)

4

FILED
May 05, 2001 8:00 am
Secretary of State
 04-16-2001 90069 002 ***150.00

DOCUMENT # P00000021329

1. Entity Name

GRANT MEDICAL, INC.

Principal Place of Business

Mailing Address

**1382 PAWNEE POINT CT.
 TALLAHASSEE FL 32312**

**1382 PAWNEE POINT CT.
 TALLAHASSEE FL 32312**

2. Principal Place of Business

3842 Rnewalk Dr.

Suite, Apt. #, etc.

3. Mailing Address

3842 Rnewalk Dr

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee FL

4. FEI Number

59-3662321

Applied For

Not Applicable

Zip

32312

Country

USA

Zip

32312

Country

USA

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, JANET L
 932 SUMMERBROOKE DR.
 TALLAHASSEE FL 32312**

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.

SIGNATURE

Signature, typed or printed name of registered agent and use 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.
 (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 ☐ Delete
 NAME **President**
 STREET ADDRESS **Janet Grant**
 CITY-ST-ZIP **932 Summerbrook Drive**
Tallahassee, FL 32312

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet Grant

4-11-01

Date

850-841-5204

Daytime Phone #

CR2E034 (10/00)