

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90002 046 ***150.00

DOCUMENT # P00000021329**1. Entity Name**
GRANT MEDICAL, INC.**Principal Place of Business****1382 PINEWALK DR.**
TALLAHASSEE FL 32312**Mailing Address****1382 PINEWALK DR.**
TALLAHASSEE FL 32312**2. Principal Place of Business****3842 Pinewalk Dr.**

Suite, Apt. #, etc.

3. Mailing Address**3842 Pinewalk Dr.**

Suite, Apt. #, etc.

City & State**Tallahassee, FL****Zip**
32312**Country****USA****City & State****Tallahassee, FL****Zip****32312****Country****USA****4. FEI Number****59-3662321****Applied For****Not Applicable****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****GRANT, JANET L**
932 SUMMERBROOKE DR.
TALLAHASSEE FL 32312**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**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 \$550.00**
After September 13, 2002 Fee will be \$750.00
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** **P** ☐ Delete
NAME **GRANT, JANET**
STREET ADDRESS **932 SUMMERBROOK DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32312****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
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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
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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:****JANET GRANT, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000021329

1. Entity Name

GRANT MEDICAL, INC.

Principal Place of Business

1382 PAWNEE POINT CT.
TALLAHASSEE FL 32312

Mailing Address

1382 PAWNEE POINT CT.
TALLAHASSEE FL 32312

2. Principal Place of Business

3842 Arnewalk Dr.
Suite, Apt. #, etc.

2. Mailing Address

3842 Arnewalk Dr.
Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee FL

Zip

32312

Country

USA

Zip

32312

Country

USA

4. FEI Number

54-3662321

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when releasing)

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	President	<input type="checkbox"/> Delete
NAME	Janet Grant	
STREET ADDRESS	932 Summerbrook Drive	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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CITY-ST-ZIP		

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SIGNATURE:

Janet Grant

Janet Grant

4-11-01

850-841-5204

RECAPTURED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 05, 2001 8:00 a
Secretary of State

04-16-2001 90069 002 ***150.00

COPY

DO NOT WRITE IN THIS SPACE

CR225004 (11/01/99)

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

0144691 SP

DOCUMENT # P00000021329

1. Entity Name
GRANT MEDICAL, INC.

COPY

972484

Principal Place of Business
1382 PINEWALK DR.
TALLAHASSEE FL 32312

Mailing Address
1382 PINEWALK DR.
TALLAHASSEE FL 32312

2. Principal Place of Business
3842 Pinewalk Dr.

3. Mailing Address
3842 Pinewalk Dr.

Suite, Apt. #, etc.

City & State
Tallahassee, FL

Zip
32312

Country
USA

4. FEI Number **59-3662321**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GRANT, JANET L
932 SUMMERBROOKE DR.
TALLAHASSEE FL 32312

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 _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-statuting)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANT, JANET 932 SUMMERBROOK DR. TALLAHASSEE FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE *Janet Grant* President *Janet Grant* 7/31/02 850-510-8107

Attachment

972484

GRANT MEDICAL, INC.

3842 Pinewalk Drive
Tallahassee, FL 32312
Phone #850-894-5306
Fax #850-894-2162
GrantMed@aol.com

July 30, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: 2002 Uniform Business Report (UBR)
Document #P00000021329
Grant Medical, Inc.

Please find enclosed completed Document #00000021329 for Grant Medical, Inc., the 2002 Uniform Business Report.

This report mailing from your office was hand delivered to me by the recipients at 1382 Pinewalk Drive, Tallahassee. As you can see from the enclosed copy of our previous filing in 2001, the address was changed then from 1382 Pawnee Point Court, Tallahassee to 3842 Pinewalk Drive. Apparently the person responsible for inputting the address change only changed the street designation and not the street number. Therefore, the earlier UBR was never delivered to us.

An employee in you office suggested that we complete our report, along with payment of a timely filing fee of \$150.00, and a letter explaining the circumstances of the delayed report. Please also find the fee enclosed.

Please note our proper address as 3842 Pinewalk Drive, Tallahassee, Florida 32312.

If you have any questions or if this is not an acceptable solution, please contact me immediately at #850-510-8107. Thank you for your attention to this matter. If I do not hear from you within 30 days, I will assume our report is received and duly filed.

Sincerely,


Janet Grant
President