

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**  
03-01-2001 91327 008 \*\*\*150.00

**DOCUMENT # P00000032310**

1. Entity Name  
**GRANNY NANNIES MICHIGAN, INC.**

Principal Place of Business  
**222 S. WESTMONTE DR.  
SUITE #205  
ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**222 S. WESTMONTE DR.  
SUITE #205  
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

3. Mailing Address  
**P.O. Box 940248**  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Maitland Florida**

Zip

Country

Zip  
**32794**

Country

**USA**

4. FEI Number  
**59-3635805**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REIFF, ANDREW L  
135 W. CENTRAL BLVD. SOUTHTRUST BANK BLDG.  
SUITE 720  
ORLANDO FL 32801**

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D HODGSON, ROBERT D 282 EAGLET WAY LAKE MARY FL 32746</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D HODGSON, KIRSTEN M 282 EAGLET WAY LAKE MARY FL 32746</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D HODGSON, WILLIAM E JR 30 FAITH DRIVE HAMPSTEAD NH 03841</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D HODGSON, MARILYN J 30 FAITH DRIVE HAMPSTEAD NH 03841</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Kirsten A. Hodgson Kirsten A. Hodgson 2-26-01 407-682-7758  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)