

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90075 045 ***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
PO BOX 940248
MAITLAND FL 32794
US

2. Principal Place of Business

1912 Boothe Circle

Suite, Apt. #, etc.

Suite 300

City & State
Longwood FL

Zip
32750

Country
U.S.A

3. Mailing Address

1912 Boothe Circle

Suite, Apt. #, etc.

Suite 300

City & State
Longwood FL

Zip
32750

Country
U.S.A



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3635805

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

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

TITLE D ☐ Delete
NAME HODGSON, ROBERT D
STREET ADDRESS 282 EAGLET WAY
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ Delete
NAME HODGSON, KIRSTEN M
STREET ADDRESS 282 EAGLET WAY
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ Delete
NAME HODGSON, WILLIAM E JR
STREET ADDRESS 30 FAITH DRIVE
CITY-ST-ZIP HAMPSTEAD NH 03841

TITLE D ☐ Delete
NAME HODGSON, MARILYN J
STREET ADDRESS 30 FAITH DRIVE
CITY-ST-ZIP HAMPSTEAD NH 03841

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

TITLE ☐ Change ☐ Addition
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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:

Kirsten Hodgson Director 3.25.03 407.082.7758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)