

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000032369**1. Entity Name
GRANNY NANNIES HOLDINGS, INC.

| | |
|---|---|
| Principal Place of Business 222 S. WESTMONTE DR., STE. 205 ALTAMONTE SPRINGS FL 32714 | Mailing Address 222 S. WESTMONTE DR., STE. 205 ALTAMONTE SPRINGS FL 32714 |
|---|---|

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3635806

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 AgentREIFF ANDREW L
135 W. CENTRAL BLVD. SOUTHTRUST BANK
SUITE 720
ORLANDO FL 32801 US**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 _____ **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HODGSON MARILYN J | |
| STREET ADDRESS | 30 FAITH DRIVE | |
| CITY-ST-ZIP | HAMPSTEAD NH 03841 | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HODGSON WILLIAM EJR | |
| STREET ADDRESS | 30 FAITH DRIVE | |
| CITY-ST-ZIP | HAMPSTEAD NH 03841 | |

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HODGSON KIRSTEN M | |
| STREET ADDRESS | 282 EAGLET WAY | |
| CITY-ST-ZIP | LAKE MARY FL 32746 | |

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HODGSON ROBERT D | |
| STREET ADDRESS | 282 EAGLET WAY | |
| CITY-ST-ZIP | LAKE MARY FL 32746 | |

| | | |
|----------------|--|---------------------------------|
| 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 |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Robert D Hodgson

D

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)