


05-07-2003 90167 047 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000042487		
1. Entity Name THE GRAPE GROUP, INC.		
Principal Place of Business 16208 EAST COURSE DRIVE TAMPA, FL 33624-1126 US		Mailing Address 16208 EAST COURSE DRIVE TAMPA, FL 33624-1126 US
2. Principal Place of Business 5207 Quarrystone Lane Suite, Apt. #, etc.		3. Mailing Address 5207 Quarrystone Lane Suite, Apt. #, etc.
City & State TAMPA, FL		City & State TAMPA FL
Zip 33624		County Hillsborough
4. FEI Number 59-3847378		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TYRRELL, PAMELA J.M. 16208 EAST COURSE DRIVE TAMPA, FL 33624-1126		7. Name and Address of New Registered Agent Name: Pamela J. M. Tyrrell Street Address (P.O. Box Number is Not Acceptable) 5207 Quarrystone Lane City: TAMPA FL Zip Code: 33624
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: <i>Pamela J. M. Tyrrell</i> DATE: 05/01/03		
9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYRRELL, GILBERT H II 16208 EAST COURSE DRIVE TAMPA, FL 336241126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		D Gilbert Tyrrell 5207 Quarrystone Lane Tampa, FL 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYRRELL, PAMELA J.M. 16208 EAST COURSE DRIVE TAMPA, FL 336241126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		D Pamela Tyrrell 5207 Quarrystone Lane Tampa FL 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 807, 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 items powered.		
SIGNATURE: <i>Gilbert Tyrrell</i>		DATE: 05/01/03
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		813-205-8665 County Phone #

CFR2004 (10/02)