2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P0000049454 1. Entity Name GRINSTEAD, TERRY AND ASSOCIATES, INC. 04-25-2001 90021 028 ***150.00 Mailing Address Principal Place of Business 2801 OCEAN DRIVE 2801 OCEAN DRIVE VERO BEACH FL VERO BEACH FL 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-1051805 Not Applicable Country \$8.75 Additional Zip \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent L · RIPY-6-SEGAL NAVARETTA, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 1100 S.W. ST. LUCIE WEST BLVD. SUITE 203 マロチ PORT ST. LUCIE FL 34986 changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statemen (NOTE: Registered Agent signature required when reinstating) Signature, typed or p FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE TITLE NAME GRINSTEAD, DALE STREET ADDRESS STREET ADDRESS 2801 OCEAN DRIVE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL ☐ Change Addition ☐ Delete TITLE NAME TERRY, RICHARD NAME STREET ADDRESS STREET ADDRESS 2801 OCEAN DRIVE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL ☐ Change Addition TRES ☐ Delete TITLE TITLE DALE E. GRINSTEAD NAME *-NAME STREET ADDRESS STREET ADDRESS 2801 OCEAN DRIVE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE RICHARD C. TERRY NAME NAME ZGOI OCEAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VERO BEACH FL ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-ZIP ☐ Change 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete