

05-28-2002 91534 001 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *060A P000000049484*
 1. Entity Name: *Fritz Grant Corp PA*

001000

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>4200 NW 16th St</i>		3. Mailing Address <i>Same</i>		4. FEI Number <i>65-0943174</i>		Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <i>608</i>		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State <i>Landerhill FL</i>		City & State		5. Certificate of Status Derived <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip <i>33313</i>	Country <i>Broward</i>	Zip	Country			

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 _____ DATE _____

Signature expires at period end of registered agent unless applicable. (NOTE: Registered Agent required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>Fritz Grant Corp</i> <i>4200 NW 16th St 608</i> <i>Landerhill FL 33313</i>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE 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 118.07(3)(f) 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 on an attachment with an address, with all other like empowered

SIGNATURE: *Fritz Grant* *1/31/02 954-480-2100*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Expires

CR2E034B (12/01)