

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91495 012 ***150.00

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DOCUMENT # P00000057675

1. Entity Name

GRENNICK CORP. III



Principal Place of Business

921 DOUGLAS AVENUE

#200

ALTAMONTE SPRINGS FL 32714

Mailing Address

921 DOUGLAS AVENUE

#200

ALTAMONTE SPRINGS FL 32714

00000000



2. Principal Place of Business

309 ROSE GLEN LANE

Suite, Apt. #, etc.

3. Mailing Address

309 ROSE GLEN LANE

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

KENNETT SQUARE PA.

City & State

KENNETT SQUARE PA

Zip

19348

Country

USA

Zip

19348

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAFRENIERE, STEPHEN J
C/O QUEST COMPANY
921 DOUGLAS AVENUE, SUITE 200
ALTAMONE SPRINGS FL 32714**

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 **O'NEILL, NICHOLAS E**
STREET ADDRESS **921 DOUGLAS AVENUE #200**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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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 **ONEILL NICHOLAS E**
STREET ADDRESS **309 ROSE GLEN LANE**
CITY-ST-ZIP **KENNETT SQ. PA 19348**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED N.E. O'NEILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

610

925-5666

Daytime Phone #

CR2E034 (10/02)