

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 93660 006 ***150.00

DOCUMENT # **P00000060332**

1. Entity Name **CATEGORY 1, INC. (NAME CHANGE)**

GRINDSTONE STUDIOS INC.

Principal Place of Business

**215 SANDAL LANE
 PALM BEACH SHORES FL 33404**

Mailing Address

**215 SANDAL LANE
 PALM BEACH SHORES FL 33404**

2. Principal Place of Business

1194 OLD DIXIE HWY

3. Mailing Address

1194 OLD DIXIE HWY

Suite, Apt. #, etc.

SUITE # 20

City & State

LAKE PARK

Zip

Country

33403

USA

City & State

LAKE PARK

Zip

Country

33403

USA

4. FEI Number

65-1017437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAC MAHON, DERMOT P.

1860 FOREST HILL BLVD.

SUITE 105

WEST PALM BEACH FL 33406

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
 NAME **MEUNIER, PAUL C**
 STREET ADDRESS **215 SANDAL LANE**
 CITY-ST-ZIP **PALM BEACH SHORES FL 33404**

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

TITLE **VPS** ☐ Delete
 NAME **MEUNIER, GREG**
 STREET ADDRESS **709 ARDMORE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Gregory Meunier
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02

561-722-9655

Date

Daytime Phone #

CR2E034 (9/01)