

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90088 019 \*\*\*150.00

DOCUMENT # P00000071445

1. Entity Name  
J.P. GRANT, INC.

Principal Place of Business

4695-B ROBINWOOD PLACE  
BOYNTON BEACH FL 33436

Mailing Address

4695-B ROBINWOOD PLACE  
BOYNTON BEACH FL 33436

00036232



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4695 Robinwood Pl

3. Mailing Address

123 N. CONGRESS

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

331

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH, FL

4. FEI Number

65-1025245

Applied For

Not Applicable

Zip

33436

Country

FLA

Zip

33426

Country

FLA

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

GRANT, PATRICIA C  
4695-B ROBINWOOD PLACE  
BOYNTON BEACH FL 33436

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
DIRECTOR, PRES - VPRES - TREAS + SEC.  
PATRICIA C. GRANT  
4695 ROBINWOOD PLACE  
BOYNTON BEACH FL 33436

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
DIRECTOR  
JOHN H. GRANT  
4695 ROBINWOOD PLACE  
BOYNTON BEACH FL 33436

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
DIRECTOR  
GARY W. DEDMON  
7433 TIMBER WOLF TRAIL  
FAIRVIEW HEIGHTS IL 62208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
DIRECTOR  
SUSAN A. DEDMON  
7433 TIMBER WOLF TRAIL  
FAIRVIEW HEIGHTS IL 62208

TITLE  
NAME  
STREET ADDRESS  
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.

SIGNATURE: Patricia C. Grant - Patricia C. Grant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01

Date

561-685-3369

Daytime Phone #

CR2E034 (10/00)