

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90723 029 \*\*\*150.00

<b>DOCUMENT # P00000075345</b> 1. Entity Name <b>GOATSBY'S PLACE, INC.</b>																																																																																																																													
Principal Place of Business <b>8221 SW 15TH STREET</b> <b>1216</b> <b>PLANTATION, FL 33324</b>			Mailing Address <b>8221 SW 15TH STREET</b> <b>1216</b> <b>PLANTATION, FL 33324</b>																																																																																																																										
2. Principal Place of Business <b>2041 SW 70th Avenue</b> Suite, Apt. #, etc. <b>Bldg. D-10</b> City & State <b>DAVIE, Florida</b> Zip <b>33317</b>			3. Mailing Address <b>2041 SW 70th Avenue</b> Suite, Apt. #, etc. <b>Bldg. D-10</b> City & State <b>DAVIE, FL</b> Zip <b>33317</b>																																																																																																																										
Country <b>USA</b>			Country <b>USA</b>																																																																																																																										
4. FEI Number <b>65-1032267</b>			<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES Applied For <input type="checkbox"/> Not Applicable																																																																																																																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent <b>GRAYSON, ADAM</b> <b>7201 N W 16TH STREET, #E278</b> <b>PLANTATION, FL 33313</b>																																																																																																																										
7. Name and Address of New Registered Agent Name <b>Adam Grayson</b> Street Address (P.O. Box Number is Not Acceptable) <b>2041 SW 70th Avenue, Bldg. D-10</b> City <b>DAVIE</b> FL Zip Code <b>33317</b>			8. If 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)</small>																																																																																																																										
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>P GRAYSON, ADAM</b></td> <td><b>821 SW 15TH STREET, #1216</b></td> <td><b>PLANTATION, FL 33324</b></td> <td></td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		<b>P GRAYSON, ADAM</b>	<b>821 SW 15TH STREET, #1216</b>	<b>PLANTATION, FL 33324</b>																																										11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> <td style="width: 10%;">Change <input checked="" type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>P Adam Grayson</b></td> <td><b>2041 SW 70th Avenue, Bldg. D-10</b></td> <td><b>DAVIE, FL 33317-7326</b></td> <td></td> <td></td> <td></td> </tr> <tr><td colspan="7"> </td></tr> <tr><td colspan="7"> </td></tr> <tr><td colspan="7"> </td></tr> <tr><td colspan="7"> </td></tr> <tr><td colspan="7"> </td></tr> <tr><td colspan="7"> </td></tr> <tr><td colspan="7"> </td></tr> <tr><td colspan="7"> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>		<b>P Adam Grayson</b>	<b>2041 SW 70th Avenue, Bldg. D-10</b>	<b>DAVIE, FL 33317-7326</b>																																																											
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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: <u>Adam Grayson</u> <b>Adam Grayson, President</b> <b>4/4/03</b> <b>954-818-6064</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													

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