

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082256

1. Entity Name

THE GRASS MAN, INC.

Principal Place of Business

4112 BELL TOWER COURT
BELLE ISLE FL 32812

Mailing Address

4112 BELL TOWER COURT
BELLE ISLE FL 32812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3670245

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

D'AMELIO, ALFREDO
4112 BELL TOWER COURT
BELLE ISLE FL 32812

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.

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

TITLE NAME	STD JANE, DAKSHAMUNI M	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4112 BELL TOWER COURT BELLE ISLE FL 32812	
TITLE NAME	PD D'AMELIO, ALFREDO	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4112 BELL TOWER COURT BELLE ISLE FL 32812	
TITLE NAME	VD D'AMELIO, ISABEL M	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4112 BELL TOWER COURT BELLE ISLE FL 32812	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-13-2001 404-249-11-84

Date

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 19, 2001 8:00 am
Secretary of State

03-16-2001 90018 009 ***150.00



DO NOT WRITE IN THIS SPACE