

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91758 034 ***158.75

DOCUMENT # P01000015048

1. Entity Name

Greycliffe Partners, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10824 Sheldon Road Tampa, FL 33626

3. Mailing Address

12157 W. Linebaugh Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

338

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33626

Country

United States

Zip

33626

Country

United States

4. FEI Number

59-3697224

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Michael E. Lerner

Street Address (P.O. Box Number is Not Acceptable)

10326 Abbotsford Drive

City

Tampa

FL

Zip Code

33626

**DO NOT WRITE
IN THIS SPACE**

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 Michael E. Lerner

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P/T/D
NAME Michael E. Lerner
STREET ADDRESS 10326 Abbotsford Drive
CITY-ST-ZIP Tampa, FL 33626

TITLE S/D
NAME Patricia L. Lerner
STREET ADDRESS 10326 Abbotsford Drive
CITY-ST-ZIP Tampa, FL 33626

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael E. Lerner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/02 813-920-8001