

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0132226 AT

DOCUMENT # P01000038268

1. Entity Name

GRAMBY CORP.



FILED

03 JUL -8 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

ONE FINANCIAL PLAZA, STE. 1600
FT. LAUDERDALE FL 33394-1697

Mailing Address

ONE FINANCIAL PLAZA, STE. 1600
FT. LAUDERDALE FL 33394-1697

C/O LARRY L. ADAIR P.A.

2. Principal Place of Business

450 EAST LAS OLAS BLVD

3. Mailing Address

450 EAST LAS OLAS BLVD.

Suite, Apt. #, etc.

800

Suite, Apt. #, etc.

800

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE FL. 33301-2223

4. FEI Number

65-1128492

Applied For

Not Applicable

Zip

33301-2223

Country

USA

Zip

33301-2223

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ADAIR, LARRY L

ONE FINANCIAL PLAZA, STE. 1600

FT. LAUDERDALE FL 33394-1697

7. Name and Address of New Registered Agent

Name
ADAIR, LARRY L. P.A.

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

450 EAST LAS OLAS BLVD.

800

City
FORT LAUDERDALE,

FL

Zip Code

33301-2223

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

07/03/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete

NAME
ADAIR, LARRY L
STREET ADDRESS
ONE FINANCIAL PLAZA, STE. 1600
CITY-ST-ZIP
FT. LAUDERDALE FL 33394-1697

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition

NAME
ADAIR, LARRY L
STREET ADDRESS
450 EAST LAS OLAS BLVD SUITE 800
CITY-ST-ZIP
FT. LAUDERDALE FL. 33301-2223

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P/D ☐ Change ☒ Addition

NAME
WILLIAM W., AQUILA
STREET ADDRESS
16388 BRIDLEWOOD CIRCLE
CITY-ST-ZIP
DELRAY BEACH, FL. 33445

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
400021383094
07/08/03--01040--017 **558.75

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/03/03 522-4343

CR2E034 (4/03)