

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91567 001 \*\*\*150.00

**DOCUMENT # P01000043059**

**1. Entity Name**  
**GROBECO INNOVATION, INC.**

**Principal Place of Business**  
**601-B NORTH DIXIE HWY**  
**WEST PALM BEACH FL 33401**

**Mailing Address**  
**601-B NORTH DIXIE HWY**  
**WEST PALM BEACH FL 33401**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**7410 Boynton Beach Blvd.**

**3. Mailing Address**  
**7410 Boynton Beach Blvd.**

Suite, Apt. #, etc.  
**SUITE A1**

Suite, Apt. #, etc.  
**Suite A1**

City & State  
**Boynton Beach, FL**

City & State  
**Boynton Beach, FL**

**4. FEI Number**  
**65-1110871**

Applied For  
 Not Applicable

Zip  
**33437**

Country  
**US**

Zip  
**33437**

Country  
**US**

**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**

**DAMSEL, CHARLES H JR**  
**601-B NORTH DIXIE HWY**  
**WEST PALM BEACH FL 33401**

**Name** **John Grobelny**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**5136 ARBOR GLEN Circle**  
**City** **LAKE WORTH** **FL** **Zip Code** **33463**

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

**John E. Grobelny**  
 (NOTE: Registered Agent signature required when reinstating)

**3/13/02**  
 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing.** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GROBELNY, JOHN E</b>	
STREET ADDRESS	<b>7043 PENINSULA CT</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAMSEL, CHARLES H JR</b>	
STREET ADDRESS	<b>601-B NORTH DIXIE HWY</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN E. GROBELNY</b>	
STREET ADDRESS	<b>5136 ARBOR GLEN CIRCLE</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL 33463</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 another like empowered.**

**SIGNATURE:** **John E. Grobelny**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/02** **561-737-0310**  
 Date Daytime Phone #

CR2E034 (9/01)