

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 91738 027 \*\*\*150.00

**DOCUMENT # P01000091513**

1. Entity Name

**BILL GRANT ENTERPRISES INC.**

Principal Place of Business

**1270 NORTH JEFFERSON STREET  
 MONTICELLO FL 32344**

Mailing Address

**1270 NORTH JEFFERSON STREET  
 MONTICELLO FL 32344**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 461**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Monticello, FL 32345**

Zip

Country

Zip

Country

4. FEI Number

**75-3038609  
 59-8257011**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRANT, WILLIAM (BILL) T IV  
 1270 NORTH JEFFERSON STREET  
 MONTICELLO FL 32344**

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, 2002 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 **PCEO** ☐ Delete  
 NAME **GRANT, WILLIAM (BILL) T IV**  
 STREET ADDRESS **1270 NORTH JEFFERSON STREET**  
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **D** ☒ Delete  
 NAME **MAYS, KIMBERLY L**  
 STREET ADDRESS **POST OFFICE BOX 892**  
 CITY-ST-ZIP **MONTICELLO FL 32345**

TITLE **VD Executive Vice President** ☐ Delete  
 NAME **SAUNDERS, ELZORA T**  
 STREET ADDRESS **1404 GROOVERVILLE ROAD**  
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **VD** ☐ Delete  
 NAME **SAUNDERS, THOMAS**  
 STREET ADDRESS **1404 GROOVERVILLE ROAD**  
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **D** ☒ Delete  
 NAME **SEABROOKS, LEROY**  
 STREET ADDRESS **P.O. BOX 896**  
 CITY-ST-ZIP **MONTICELLO FL 32345**

TITLE **D** ☒ Delete  
 NAME **CLARK, ROBIN**  
 STREET ADDRESS **347 HOLFORD**  
 CITY-ST-ZIP **RIVER ROUGE MI 48218**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Esther M. GRANT**  
 STREET ADDRESS **P.O. Box 461**  
 CITY-ST-ZIP **Monticello FL 32345**

TITLE ☐ Change ☒ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

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**

Date

Daytime Phone #

**4/26/02 850-251-6268**

CR2E034 (9/01)