

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90255 015 ***150.00

DOCUMENT # P01000119687

1. Entity Name
C-THRU GRIPS, INC.



Principal Place of Business
230 LOOKOUT PL., STE. 200
MAITLAND FL 32751

Mailing Address
230 LOOKOUT PL., STE. 200
MAITLAND FL 32751

11017736



2. Principal Place of Business
1800 Penbrook Place

3. Mailing Address
1800 Penbrook Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 320

Ste 320

City & State
ORLANDO, FL

City & State
ORLANDO, FL

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 32-0000671

Applied For
Not Applicable

Zip
32810

Country
USA

Zip
32810

Country
USA

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

SCHOENE, JOHN S
230 LOOKOUT PL., STE. 200
MAITLAND FL 32751

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
NOVAK, MICKEY
STREET ADDRESS
230 LOOKOUT PL., STE. 200
CITY-ST-ZIP
MAITLAND FL 32751

TITLE
NAME
President
James S Byrd Jr
STREET ADDRESS
518 Genia Dr.
CITY-ST-ZIP
Winter Park FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
Patricia L. Byrd
STREET ADDRESS
1500 Markham Woods Rd
CITY-ST-ZIP
Longwood, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 information.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

407 660 2847

Date

Daytime Phone #

CR2E034 (10/02)