

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91793 031 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000053864			
1. Entity Name GRASSPOINT ENTERPRISES USA, INC.			
Principal Place of Business 20283 STATE ROAD 7, #400 BOCA RATON, FL 33498		Mailing Address 20283 STATE ROAD 7, #400 BOCA RATON, FL 33498	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 04-3668852		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILINGS INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____			
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 STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
CROCKER, GARY 20283 STATE ROAD 7, #400 BOCA RATON, FL 33498		P S O P T	
Delete ☐		Change ☐ Addition ☒	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 line empowered.			
SIGNATURE: _____		Date 4/27/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			