2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 03, 2003 8:00 am
Secretary of State
02-17-2003 90198 024 ***150.00

DOCUMENT # P02000065432

1. Entity Name
GRM VENTURES, INC.

Principal Place of Business
615 1/2 DUVAL STREET
KEY WEST FL 33040

Mailing Address
615 1/2 DUVAL STREET
KEY WEST FL 33040

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
1547 FIFTH ST
Suite, Apt. #, etc.
City & State
Key West, FLA
Zip 33040
Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0642422 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SIRECI, THOMAS J JR.
402 APPELROUTH LANE
KEY WEST FL 33040

7. Name and Address of New Registered Agent
Name GREG ARTMAN
Street Address (P.O. Box Number is Not Acceptable)
1547 FIFTH ST
City KEY WEST FL Zip Code 33040

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 2/14/03

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

TITLE	PRESIDENT
NAME	GREG ARTMAN
STREET ADDRESS	1547 5TH ST
CITY-ST-ZIP	KEY WEST FLA 33040
☐ Delete	
TITLE	
NAME	MARCIA SIRECI SECRETARY/TREASURER
STREET ADDRESS	1128 PLACER AVE
CITY-ST-ZIP	KEY WEST FLA 33040
☐ Delete	
TITLE	
NAME	RON ARTMAN V-PRESIDENT
STREET ADDRESS	1120 PLACER AVE
CITY-ST-ZIP	KEY WEST FLA 33040
☐ Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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 REQUIRED GREG ARTMAN 2/14/03 305-292-7716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #