

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

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90062 001 ***300.00

DOCUMENT # PO2000081696

1. Entity Name

BOB GRIEVES COMPANY



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19817 Glazing Globe Lane
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc. SAME

DO NOT WRITE IN THIS SPACE

City & State

Lutz, Florida

City & State

Lutz, FL

4. FEI Number

11-3644597

Applied For
Not Applicable

Zip

33558 Hillsborough

Zip

3

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Spiegel & Ultrera, P.A. ROBERT G. GRIEVES

Street Address (P.O. Box Number is Not Acceptable)
19817 GLAZING GLOBE LANE

1840 Coral Way, 4th Floor

City LUTZ

FL

Zip Code 33558

**DO NOT WRITE
IN THIS SPACE**

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

Robert G. Griev

ROBERT G. GRIEVES

3/27/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President & only Director/Officer
Robert G. Griev
19817 Glazing Globe Lane
Lutz, FL 33558

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address with all other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/04

Date

813920 0854

Daytime Phone #