

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

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

05-05-2003 91416 008 \*\*\*150.00

**DOCUMENT #** P02000097630

1. Entity Name

THE DAILY GRIND & MORE..., INC.



**DO NOT WRITE IN THIS SPACE**

11040318

2. Principal Place of Business  
4904 14<sup>th</sup> Avenue East

3. Mailing Address  
4904 14<sup>th</sup> Avenue East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Bradenton, FL

City & State  
Bradenton, FL

4. FEI Number  
65-0805924

Applied For  
Not Applicable

Zip  
34208

Country

Zip  
34208

Country

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

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Maria McCain

Street Address (P.O. Box Number is Not Acceptable)  
4904 14<sup>th</sup> Avenue East

City  
Bradenton FL 34208

6. 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 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  
PD  
Maria McCain  
4904 14<sup>th</sup> Avenue East  
Bradenton, FL 34208

TITLE  
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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 like empowered.

SIGNATURE:

*Maria McCain*

MARIA MCCAIN

4-15-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)