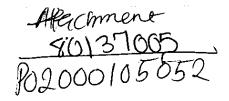
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## Aug 08, 2003 8:00 am Secretary of State P02000105052 DOCUMENT # 1. Entity Name 08-08-2003 90092 049 \*\*\*150.00 GRASSROOTS STRATEGIES, INC. Principal Place of Business Mailing Address 552 SPRING LAKE DRIVE 552 SPRING LAKE DRIVE MELBOURNE FL 32940 MELBOURNE FL 32940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 47-089000 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEDICINI, ANTHONY J III Street Address (P.O. Box Number is Not Acceptable) **552 SPRING LAKE DRIVE** 552 SPRINGLAKE DRIVE MELBOURNW FL 32940 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 na (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (4/03) TITLE **Addition** ☐ Delete ANTHONY J PEDICINI III NAME 552 SPRINGLAILE DRIVE .. STREET ADDRESS STREET ADDRESS MELBOURNE, FL 32940 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:



## **GRASSROOTS STRATEGIES, INC.**

552 Spring Lake Orive • Malbourne • Fioritia • 32840 (321) 255-7869 • (850)251-7509

August 1, 2003

Division of Corporations Uniform Business Report Filings PO BOX 1500 Tallahassee, Florida 32302-1500

To Whom It May Concern:

Please allow this letter to serve as notice that the 60 day filing warning my company, Grassroots Strategies, Inc., received was the first and therefore, in accordance with the rules of the Division of Corporations I ask that the late fee be waived.

Thank you for your cooperation regarding this matter.

Anthony J Pedicini

President

Grassroots Strategies, Inc.