

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000108345

Entity Name: GRANT LAW FIRM, PA

FILED  
Apr 10, 2003  
Secretary of State

## Current Principal Place of Business:

4617 MEADOWVIEW RD  
MARIANNA, FL 32446

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 6399  
MARIANNA, FL 324476399

## New Mailing Address:

PO BOX 6399  
MARIANNA, FL 32447

FEI Number: 02-0621651

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRANT, WILLIAM J ESQUIRE  
4617 MEADOWVIEW RD  
MARIANNA, FL 32446

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition  
Name: GRANT, WILLIAM J ESQUIRE  
Address: 4617 MEADOWVIEW RD  
City-St-Zip: MARIANNA, FL 32446

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. GRANT

PRES

04/10/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date