

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008507

1. Entity Name
THOMAS E. GREEF, PA.

Principal Place of Business

11200-142ND ST N
LARGO FL 33774

Mailing Address

11200-142ND ST N
LARGO FL 33774

2. Principal Place of Business

11200-142nd St N

Suite, Apt. #, etc.
LARGO, FL

City & State

Zip
33774

Country
Pinellas

3. Mailing Address

23 ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3222224

Applied For

Not Applicable

5. Certificate of Status Desired

59-3222224

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEF, THOMAS E PA
11200 142ND STREET NORTH
LARGO FL 33774

7. Name and Address of New Registered Agent

Name RON WATERS

Street Address (P.O. Box Number is Not Acceptable)
1300 8TH AVE N

City ST PETERSBURG

FL

Zip Code 33702

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.

SIGNATURE Thomas E Grief

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

1/4/02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME GREEF, DANIEL
STREET ADDRESS 8371 PASSFIELD TURN
CITY-ST-ZIP MAPLES GROVE MN 55311

TITLE CCEO
NAME GREEF, THOMAS
STREET ADDRESS 11200-142ND ST N
CITY-ST-ZIP LARGO FL 33774

TITLE VP
NAME MCDONALD, MARY
STREET ADDRESS 445 SUMMIT RD
CITY-ST-ZIP WATSONVILLE CA 95076

TITLE SECRETARY
NAME ROBIN G. GREEF
STREET ADDRESS 8371 PASSFIELD TURN
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SECRETARY
NAME ROBIN G GREEF
STREET ADDRESS 8371 PASSFIELD TURN
CITY-ST-ZIP MAPLE GROVE, MN 55311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/02

727-595-3599

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90014 024 ***150.00

902839



DO NOT WRITE IN THIS SPACE

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