

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90125 029 ***150.00

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1. Entity Name

A. GRUBBS COURT REPORTING, INC.



Principal Place of Business
315 11TH STREET
WEST PALM BEACH FL 33401
US

Mailing Address
P O BOX 18501
WEST PALM BEACH FL 33416
US

2. Principal Place of Business

328 Banyan Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite-K

City & State
West Palm Beach, F

City & State

Zip
33401

Country
USA

Zip

Country

4. FEI Number 65-0470486

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

GRUBBS, ARLENE
315 11TH STREET
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name Arlene Grubbs
Street Address (P.O. Box Number is Not Acceptable)
328 Banyan Blvd.
Ste-K
City West Palm Beach FL Zip Code 33401

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 Arlene Grubbs Arlene Grubbs, President

4/23/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 D
NAME GRUBBS, ARLENE
STREET ADDRESS 315 11TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Grubbs, Arlene ☒ Change ☐ Addition
NAME
STREET ADDRESS 328 Banyan Blvd. Ste-K
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Arlene Grubbs Arlene Grubbs, President 4/23/03 561-655-5202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)