

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014700

1. Entity Name
THE GRASS WORKS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90027 037 ***150.00

Principal Place of Business

Mailing Address

6818 BITTERSWEET LANE
ORLANDO FL 32819

6818 BITTERSWEET LANE
ORLANDO FL 32819-4605

2. Principal Place of Business

5021 ST. ANDREWS AVE

Suite, Apt. #, etc.

3. Mailing Address

5021 ST. ANDREWS AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LEESBURG, FL

City & State

LEESBURG, FL

4. FEI Number

59-3250076

Applied For

Not Applicable

Zip

34748

Country

U.S.

Zip

34748

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLINCHOCK, VINCENT P
6818 BITTERSWEET LANE
ORLANDO FL 32819

Name

Street Address (P.O. Box Number is Not Acceptable)

5021 ST. ANDREWS AVE

City

LEESBURG

FL

Zip Code

34748

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

VINCENT P. POLINCHOCK

Vincent P. Polinchock

4/24/00

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	POLINCHOCK, VINCENT P	
STREET ADDRESS	6818 BITTERSWEET LANE	5021 ST ANDREWS AVE
CITY-ST-ZIP	ORLANDO FL 32819	LEESBURG, FL 34748
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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 empowerments.

SIGNATURE:

VINCENT P. POLINCHOCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

DATE

352-323-9250

Daytime Phone #