

FILED
Apr 03, 2002 8:00 am
Secretary of State

02-11-2002 90167 041 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000055972

1. Entity Name
GRATE TECHNOLOGIES, INC.

Principal Place of Business
275 AIRPORT ROAD S.
NAPLES FL 34104
US

Mailing Address
275 AIRPORT ROAD S
NAPLES FL 34104
US



2. Principal Place of Business
3550 Westview Dr #101
 Suite, Apt. #, etc.

3. Mailing Address
3550 Westview Dr #101
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Naples, Florida
 Zip Country
34104 USA

City & State
Naples, Florida
 Zip Country
34104 USA

4. FEI Number **65-0507482** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RIDDLE, MELINDA P
3174 E TAMAMI TRAIL
UNIT 1
NAPLES FL 34112

7. Name and Address of New Registered Agent
 Name **NAPLES-LAWDOCK, INC.**
 Street Address (P.O. Box Number is Not Acceptable)
4501 Tamiami Trail N. Ste 300
 City **Naples** FL Zip Code **34103**

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.
NAPLES-LAWDOCK, INC.
 SIGNATURE *Robert E. Doyle Jr.* **ROBERT E DOYLE JR, PRES.** 01/11/02
 (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, ROBERT 275 AIRPORT ROAD S NAPLES FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAWSON, ROBERT B. 3550 WESTVIEW DRIVE, #101 NAPLES, FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** Date **01/11/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)