2001 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P9400076622  1. Entity Name GRASIL, INC.							FILED Mar 21, 2001 08:00 AM Secretary of State				
Principal Place 7041 GRAND N. #212 ORLANDO 32819	e of Business ational drive	FL	Mailing Address 7041 GRAND NATIONAL DRIVI #212 ORLANDO 32819	3	FL						
2. Principal Pi	lace of Business		3. Mailing Address							-	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			<del></del>	DO NOT WRITE IN THIS SPACE				
City & State	9		City & State		•		. FEI Number	<u></u>	<del></del>	pplied For	Ì
Zip	Cou	ntry	Zip	Coun	itry	-	59-3278100  Certificate of Status Desired		\$8.75 Ad		-
	6. Name and A	ddress of Current R	egistered Agent	<u> </u>		7	. Name and Address of New	Registered :	Fee Require	ed	-
HOLMES JOHN V. A. 811 N. MAGNOLIA AVENUE ORLANDO FL						ddress (P.O	SILVIO M  Box Number is Not Acceptable TATES BLVD.	le)			- -
328033810 US					City ORLANI	20		FL	Zip Cod	<u>-</u> le	-
8. The above	named entity subm	its_this statement for	the purpose of changing its	registere			agent, or both, in the State of F		32836		1
SIGNATURE _		. CHERJOV		: Registere	d Agent signat.	ire required whe	n reinstating)	- 03/21 DATE	/2001	<u> </u>	
Tax filing re	ration is eligible to s equirement and election ia on back)	satisfy its Intangible ots to do so.	FILE NOW!  After MAY 1, 200  Make Check Payab	of Fee	will be \$5	50.00	10. Election Campaign F Trust Fund Contributi		\$ <b>5.0</b> Added	00 May Be d to Fees	
11.		OFFICERS AND D		12.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHERJOVSKY, ( 9757 BAY VISTA ORLANDO		☐ Delete  FL 32819				VSKY, GRACIELA 7 VISTA ESTATES BLVD	FL	Change 32836	☐ Addition	:034 (11/00)
TITLE	PSD		☐ Delete .	TITLE		PSD			X Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	CHERJOVSKY 9757 BAY VISTA ORLANDO	SILVIO ESTATES BLVD	FL State	NAM STRE		CHERJO	VISTA ESTATES BLVD	FL	32836	□ vonitoti	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					<del></del>	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			-			Change	☐ Addition	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
of the corp	or this report or sup poration or the recei or on an attachmen	opiernental report is t ver or trustee empov	rue and accurate and that me vered to execute this report the all other like empowered.	iy signai as requi	fure shall h	ave the cam	on 119.07(3)(i), Florida Statutes the legal effect as if made under orida Statutes; and that my nar PRES 03/21/2001	· Cath: that L	am an officer	or director	

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR