2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000014711

1. Entity Name

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

GRAPPAS, INC.



FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90133 030 ***150.00

Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4, FEI Number 59-3296377 Applied For Not Applicable S. Certificate of Status Desired S. 75 Additional Fee Required Fee Required Fee Required	Principal Place of Business 14 N PALAFOX PENSACOLA FL 32501 US	Mailing Address P.O. BOX 789 GULF BREEZE FL 32	2562-0789	
City & State City & State City & State Country 6. Certificate of Status Desired Ref. 7. Name and Address of New Registered Agent Name DE BALTHAZAR, PANDORA M 14 N PALAFOX PENSACOLA FL 32501 City FL City FL Zip Code TILE Mater May 1, 2003 Fee will be \$550.00 Mayé Check Payable to Florida Department of State DE BALTHAZAR, PANDORA M INE INE Deble INE INE Change Addition Change Change Addition Change Change Change Addition Change Ch	2. Principal Place of Business	3. Mailing Address	taling and a second of the sec	
City & State City & State City & State City & State Country Country 5. Certificate of Status Desired Street Address of New Registered Agent Name Na	Suite, Apt. #, etc. Suite, Apt. #, etc.			Applied For
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name	City & State City & State			4. PET Number 59-3296377 Not Applicable
DE BALTHAZAR, PANDORA M 14 N PALAFOX PENSACOLA FL 32501 City FL Zip Code 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 Signature, syond or printed name of registered agent and utte it applicable. (NOTE: Pregistered Agent signature enquired when reinstailing) After May 1, 2003 Fee will be \$550.00 Maye Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DE BALTHAZAR, PANDORA M 14 N PALAFOX PENSACOLA FL 32501 TITLE DE BALTHAZAR, PANDORA M 15 NEET ADDRESS STREET ADDRESS OITY-ST-ZIP PENSACOLA FL 32501 TITLE DE BALTHAZAR, PANDORA M 16 NAME STREET ADDRESS OITY-ST-ZIP PENSACOLA FL 32501 TITLE DE BALTHAZAR, PANDORA M 17 N PALAFOX PENSACOLA FL 32501 TITLE DE BALTHAZAR, PANDORA M 18 NAME STREET ADDRESS OITY-ST-ZIP PENSACOLA FL 32501 TITLE DE BALTHAZAR, PANDORA M 18 NAME STREET ADDRESS OITY-ST-ZIP TITLE NAME STREET ADD	Zip	Country Zip	Country	5. Certificate of Status Desired Fee Required
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### PALAFOX PENSACOLA FL 32501 City FL Zip Code	6. Name an	u Address of Current Degistered Agent	Name	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu	14 N PALAFOX	ORA M	Street Addres	ss (P.O. Box Number is Not Acceptable)
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renotating) DATE			1 '	『┗
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP DE BALTHAZAR, PANDORA M STREET ADDRESS CITY-ST-ZIP DE BALTHAZAR, EMIL STREET ADDRESS CITY-ST-ZIP DE BALTHAZAR, EMIL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DE BALTHAZAR, EMIL STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	SIGNATURE Signature, typed or FILE-NOW!!! After May 1, 2003	orinted name of registered agent and title it applicable. FEE: IS:\$150.00 Fee will be \$550.00		quired when reinstating) DATE 9. Election Campaign Financing = \$5.00 May Be
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Make Check Payable to F	Torida Department of State		TO OFFICE AND DIRECTORS (N. 11
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TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME Addition	TITLE D NAME DE BALTHA STREET ADDRESS 14 N PALAF	ZAR, EMIL FOX	te TITLE NAME STREET ADDRESS	
TITLE Change Addition	TITLE NAME STREET ADDRESS		NAME STREET ADDRESS	
		☐ Dele	,10	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 acceptate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director indicated on this report or supplemental report is true and acceptate 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.

STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

TITLE

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Delete

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SIGNATURE: SIGNATURE AND TYPED OR PENTEN NAME OF SIGNING OF

415/03

350-432-4777

☐ Change

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