

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90065 023 ***150.00

DOCUMENT # P95000022035

1. Entity Name
GRUB STAKE INVESTMENTS, INC.

Principal Place of Business

~~101 PHILLIPPE PARKWAY~~
~~4302~~
~~SAFETY HARBOR FL 34695~~
~~US~~

Mailing Address

~~101 PHILLIPPE PARKWAY~~
~~4302~~
~~SAFETY HARBOR FL 34695~~
~~US~~

2. Principal Place of Business

5741 Ivy Lane
 Suite, Apt. #, etc.

3. Mailing Address

SAME
 Suite, Apt. #, etc.

City & State

Holiday, FL

City & State

SAME

4. FEI Number

59-3304090

Applied For

Not Applicable

Zip

34690

Country

USA

Zip

34690

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCNAMARA, THOMAS P
2909 BAY TO BAY BLVD.
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

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, 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLANIGAN, MICHAEL D	
STREET ADDRESS	148 2ND AVENUE NORTH	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	FLANIGAN, RICHARD E SR	
STREET ADDRESS	1204 ST TROPEZ CIR	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5741 Ivy Lane	
STREET ADDRESS	Holiday, FL	
CITY-ST-ZIP	34690	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.

SIGNATURE:

Richard E. Flanigan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
 Date

(727) 937-3600
 Daytime Phone #

CR2E034 (9/01)