

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000001822**

1. Entity Name

OFFCOURSE, INC.**FILED**
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90205 021 ***150.00

Principal Place of Business

**131 N. BANANA RIVER DR.
MERRITT ISLAND FL 32952**

Mailing Address

**P O BOX 551
CAPE CANAVERAL FL 32920
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3352082**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BUNTING, ALAN K
25 RIVERVIEW LN
COCOA BCH. FL 32931**

7. Name and Address of New Registered Agent

Name

GRIMMINTZ, LOUIS C.

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

165 ARTEMIS BLVD.

City

MERRITT ISLAND**FL**

Zip Code

32953

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)

3/13/01

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, 2001 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	VPS	<input type="checkbox"/> Delete
NAME	GRIMMINTZ, LOUIS C	
STREET ADDRESS	165 ARTEMIS BLVD.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	

TITLE	PT	<input type="checkbox"/> Delete
NAME	BUNTING, ALAN K	
STREET ADDRESS	25 RIVERVIEW LN	
CITY-ST-ZIP	COCOA BCH. FL 32931	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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:

ALAN K. BUNTING (PRESIDENT)

Date

3/13/01

Daytime Phone #

**321-
783-6289**

CR2E034 (10/00)

0078604