

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000047481**

1. Entity Name

**M.A. GRONDIN CORPORATION****FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90083 034 \*\*\*150.00

0380629

Principal Place of Business

455 S BUCKMOORE ROAD  
SUITE 110  
LAKE WALES FL 33853  
US

Mailing Address

455 S BUCKMORE  
LAKE WALES FL 33853  
US**00005367**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0648514</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent****GRONDIN, M. A.**  
**455 S BUCKMORE RD**  
**LAKE WALES FL 33853****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, 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRONDIN, M. A.</b>			NAME			
STREET ADDRESS	<b>455 S BUCKMORE RD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LAKE WALES FL</b>			CITY-ST-ZIP			
TITLE	<b>M</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRONDIN, GARY</b>			NAME			
STREET ADDRESS	<b>455 S BUCKMOORE RD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LAKE WALES FL</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRONDIN, G E</b>			NAME			
STREET ADDRESS	<b>455 S BUCKMOORE ROAD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LAKE WALES FL</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GARY GRONDIN**

Date

**1-9-01**

Daytime Phone #

**863-676-8140**

CR2E034 (10/00)