## 2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

## FILED DOCUMENT # P96000072637 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name DAD'S GROTCH, INC. 04-03-2000 90182 030 \*\*\*150.00 Principal Place of Business Mailing Address 518 N. RIVERPOINT DR. 518 N RIVERPOINT DR STUART FL 34994-7136 STUART FL 34994 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0706324 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEIGER, EILEEN Street Address (P.O. Box Number is Not Acceptable) 518 N RIVERPOINT DR STUART FL 34994 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2F034 (9/99) D □ Change Addition ☐ Delete TITLE TITLE **GEIGER, EILEEN** NAME NAME STREET ADDRESS 518 N RIVERPOINT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP STUART FL ☐ Addition Change TITLE Delete TITLE GEIGER, D.L. STREET ADDRESS STREET ADDRESS 518 N RIVERPOINT CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

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