

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90177 028 ***150.00

DOCUMENT # P96000090176

1. Entity Name
GRANNY NANNIES LICENSING GROUP INC.



Principal Place of Business
222 S. WESTMONTE DR
#205
ALTAMONTE SPRINGS FL 32714
US

Mailing Address
P.O. BOX 940248
MAITLAND FL 32794
US



2. Principal Place of Business

1912 Boothe Circle

3. Mailing Address

1912 Boothe Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#300

#300

City & State

City & State

Longwood Florida

Longwood Florida

Zip

Country

Zip

Country

30750

USA

30750

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3440432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REIFF, ANDREW L

135 W CENTRAL BLVD

ORLANDO FL 32802

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HODGSON, ROBERT D
STREET ADDRESS 282 EAGLET WAY
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HODGSON, WILLIAM E JR
STREET ADDRESS 30 FAITH DR
CITY-ST-ZIP HAMPSTEAD NH 03841

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kirsten Hodgson director 4-03 407-682-7758

Date

Daytime Phone #

CR2E034 (10/02)