

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000017992

1. Entity Name

GRANDFATHER TIME CLOCK REPAIRS, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90060 039 ***150.00

Principal Place of Business

2919 EAST COMMERCIAL BLVD.
SUITE A
FT LAUDERDALE FL 33308

Mailing Address

2919 EAST COMMERCIAL BLVD.
SUITE A
FT LAUDERDALE FL 33308-4207

2. Principal Place of Business

2800 E. Commercial Blvd
Ste 208
St. Lauderdale
33308

3. Mailing Address

2800 E. Commercial Blvd
Ste 208
St. Lauderdale
33308



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0741408

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KATZ, ALLEN H PA
2919 EAST COMMERCIAL BLVD.
STE A
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

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

2800 E. Commercial Blvd
Ste 208

City

St. Lauderdale

FL

Zip Code

33308

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, 2000 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	PS	<input type="checkbox"/> Delete
NAME	SPILOVE, ROBERT	
STREET ADDRESS	4833 NW 97TH TERR	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SPILOVE, NANCY	
STREET ADDRESS	4833 NW 97TH TERR	
CITY-ST-ZIP	SUNRISE FL 33351	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)