

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90226 001 ***150.00

DOCUMENT # P97000022750

1. Entity Name
GRINDSTONE, INC.

Principal Place of Business

Mailing Address

**2300 LAS OLAS BOULEVARD
2ND FLOOR
FORT LAUDERDALE FL 33301**

**2300 LAS OLAS BOULEVARD
2ND FLOOR
FORT LAUDERDALE FL 33301-1578**

00004300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2235 NE 31 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LIGHTHOUSE POINT, FL

4. FEI Number

65-0734844

Applied For

Not Applicable

Zip

Country

33064

USA

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

**DICKMAN, MICHAEL
2300 LAS OLAS BOULEVARD
2ND FLOOR
FORT LAUDERDALE FL 33301**

NEW ADDRESS ONLY

Name
MICHAEL DICKMAN

Street Address (P.O. Box Numbers Not Acceptable)
2235 NE 31 STREET

City
LIGHTHOUSE POINT

FL

Zip
33064

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DICKMAN, MICHAEL
2300 LAS OLAS BOULEVARD, 2ND FLOOR
FORT LAUDERDALE FL 33301**

☐ Delete

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

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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 #

1-11-00 9545275940