

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90176 039 ***150.00

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DOCUMENT # P97000022750

1. Entity Name
GRINDSTONE, INC.

Principal Place of Business
2300 LAS OLAS BOULEVARD
2ND FLOOR
FORT LAUDERDALE FL 33301

Mailing Address
2235 NE 31 STREET
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business
2235 NE 31 STREET

3. Mailing Address
 Suite, Apt. #, etc.

City & State
LIGHTHOUSE POINT, FL

City & State
 Suite, Apt. #, etc.

Zip
33064

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0734844** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DICKMAN, MICHAEL
2235 NE 31 STREET
LIGHTHOUSE POINT FL 33064

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 _____ (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. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHAEL DICKMAN 2235 NE 31 ST LIGHTHOUSE POINT FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MARY MARGARET DICKMAN 2235 NE 31 ST LIGHTHOUSE POINT FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MARY MARGARET DICKMAN 2235 NE 31 ST LIGHTHOUSE POINT FL 33064
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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 REQUIRED** **1-17-02** **954 783 4499**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)