

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064412

1. Entity Name

GROSSMAN & WIDGER, INC.

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90062 047 ***150.00

Principal Place of Business

10532 ALICO PASS
NEW PORT RICHEY FL 34655

Mailing Address

10532 ALICO PASS
NEW PORT RICHEY FL 34655

2. Principal Place of Business

131 Rue Des Chateaux

Suite, Apt. #, etc.

3. Mailing Address

131 Rue Des Chateaux

Suite, Apt. #, etc.

City & State

Tarpon Springs

City & State

Tarpon Springs

4. FEI Number

59-3459613

Applied For

Not Applicable

Zip

34689

Country

USA

Zip

34689

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GROSSMAN, JACK L
10532 ALICO PASS
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name
Steven M. Fishman, Esq.

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

3135 State Rd. 580

City
Safety Harbor

FL

Zip Code

34685

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, 2001 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	PSTD	<input type="checkbox"/> Delete
NAME	GROSSMAN, JACK L	
STREET ADDRESS	10532 ALICO PASS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	G. Russell Widger, Jr.	
STREET ADDRESS	131 Rue Des Chateaux	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	G. Russell Widger, Jr.	
STREET ADDRESS	131 Rue Des Chateaux	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vincent F. Widger	
STREET ADDRESS	249 West Oakridge	
CITY-ST-ZIP	Ferndale, MI 48220-2726	
TITLE	V. P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	G. Russell Widger, Jr.	
STREET ADDRESS	249 W. Oakridge	
CITY-ST-ZIP	Ferndale, MI 48220-2726	
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 (10/00)