

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089471

1. Entity Name

GRANT-CLOVER, INC.

FILED

May 19, 2000 8:00 am
Secretary of State

05-19-2000 90102 032 ***150.00

Principal Place of Business

3119 LAKE WORTH ROAD
LAKE WORTH FL 33461

Mailing Address

3119 LAKE WORTH ROAD
LAKE WORTH FL 33461

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

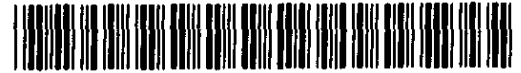
Country

P.O. Box 5512

Lake Worth Florida

33463

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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 PSTD ☐ Delete
NAME ANDERSON, D. A.
STREET ADDRESS 3119 LAKE WORTH ROAD
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME ANDERSON, D. A.
STREET ADDRESS 3119 Lake Worth Rd
CITY-ST-ZIP Lake Worth FL 33461

TITLE S ☐ Change ☒ Addition
NAME Royall, S. L.
STREET ADDRESS 301 PERRY AVE.
CITY-ST-ZIP GREEN ACRES Florida 33463

TITLE T ☐ Change ☒ Addition
NAME BARR, E. A.
STREET ADDRESS 3155 Eickam Blvd.
CITY-ST-ZIP Rt. Charlotte Florida 33952

TITLE D ☐ Change ☒ Addition
NAME THOMAS, Rudy
STREET ADDRESS P.O. Box 5512
CITY-ST-ZIP Lake Worth FL 33463

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

TITLE ☐ Change ☐ 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

R. Thomas

4/28/00

Date

(561) 966-0919

Daytime Phone #

CRS/ENR 10/00