

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90027 001 ***150.00

DOCUMENT # P98000037513

1. Entity Name

THE GRISMORE GROUP, INC.

Principal Place of Business

Mailing Address

16475 MARIPOSA CIRCLE NO
PEMBROKE PINES FL 33331

16475 MARIPOSA CIRCLE NO
PEMBROKE PINES FL 33331-4643

2. Principal Place of Business

16475 SW. 70th ST

Suite, Apt. #, etc.

N/A

3. Mailing Address

16475 S.W. 70th ST

Suite, Apt. #, etc.

N/A



DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

4. FEI Number

65-0932762

Applied For

Not Applicable

Zip

Country

33331

U.S.A.

Zip

Country

33331

U.S.A.

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

GRISMORE, WILLIAM C
16475 MARIPOSA CIRCLE NO
PEMBROKE PINES FL 33331

Name

William C. Grismore

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

16475 MARIPOSA CIRCLE North

City

PEMBROKE PINES

FL

Zip Code

33331

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

William C. Grismore

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-02-2000

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
PSTD
GRISMORE, WILLIAM C
16475 MARIPOSA CIRCLE NO
PEMBROKE PINES FL 33331 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

William C. Grismore

Date

Daytime Phone #

02-02-2000 954-680
5272

CR2E034 (9/99)