

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037513

1. Entity Name

THE GRISMORE GROUP, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90046 011 ***150.00

812690



DO NOT WRITE IN THIS SPACE

Principal Place of Business 16475 SW 70TH ST PEMBROKE PINES FL 33331	Mailing Address 16475 SW 70TH ST PEMBROKE PINES FL 33331
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2. Principal Place of Business 16475 S.W. 70th St. Suite, Apt. #, etc. Pembroke Pines 1	3. Mailing Address 16475 S.W. 70th St. Suite, Apt. #, etc.
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City & State Florida	City & State Pembroke Pines FL
Zip 33331	Country U.S.A.
Zip 33331	Country U.S.A.

4. FEI Number 65-0932762	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRISMORE, WILLIAM C 16475 MARIPOSA CIRCLE N PEMBROKE PINES FL 33331
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7. Name and Address of New Registered Agent Name William C. Grisamore Street Address (P.O. Box Number is Not Acceptable) 16475 S.W. 70th St. 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 <u>William C. Grisamore</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE <u>02-05-2001</u>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>William C. Grisamore</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>02-05-2001</u>	Daytime Phone #
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CR2E034 (10/00)