

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037513

1. Entity Name

THE GRISMORE GROUP, INC.

Principal Place of Business

16475 SW 70TH ST
PEMBROKE PINES 1
PEMBROKE PINES FL 33331

Mailing Address

16475 SW 70TH ST
PEMBROKE PINES FL 33331

2. Principal Place of Business

16475 SW 70TH ST

Suite, Apt. #, etc.

3. Mailing Address

16475 SW 70TH ST

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

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

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRISMORE, WILLIAM C
16475 SW 70 ST
PEMBROKE PINES FL 33331

Name

William C. Grismore

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

16475 SW 70TH ST

City

Pembroke Pines

FL

Zip Code
33331

7. Name and Address of New Registered Agent

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

1-22-2002

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, 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

CR2E034 (9/01)

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

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CITY-ST-ZIP

Change Addition

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Change Addition

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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 officers empowered.

SIGNATURE:

William C. Grismore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-2002 954-680-5272

Date

Daytime Phone #