

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90211 012 \*\*\*150.00

**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 Mariposa Cir N.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Pembroke Pines FL**  
Zip  
**33331**  
Country  
**U.S.A.**

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**Pembroke Pines FL**  
Zip  
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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**

## 7. Name and Address of New Registered Agent

Name  
**William C. Grismore**  
Street Address (P.O. Box Number is Not Acceptable)  
**16475 SW 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **William C. Grismore**

**02-13-2003**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD GRISMORE, WILLIAM C 16475 MARIPOSA CIRCLE NO PEMBROKE PINES FL 33331</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **William C. Grismore**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-13-2003 954-680-5272**

Date

Daytime Phone #

CR2E034 (10/02)