

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90195 034 ***150.00

DOCUMENT # P98000051487

1. Entity Name
GRICE CONSTRUCTION, INC.

Principal Place of Business

**890 NW 72 AVE
 PLANTATION FL 33317**

Mailing Address

**9021 N.W. 25TH ST
 SUNRISE FL 33322**

2. Principal Place of Business

3. Mailing Address

4495 SW 67 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

DAVIDE FL

Zip

Country

33314

Broward

4. FEI Number

65-0849783

Applied For

Not Applicable

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

**GRICE, DAVID
 9021 N.W. 25TH ST
 SUNRISE FL 33322**

Name

Grice David

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

4495 SW 67 Terr

Suite 200

City

DAVIDE

FL

Zip Code

33314

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

(NOTE: Registered Agent signature required when reinstating)

4/01/02
 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

TITLE ☐ Delete
 NAME **PSD**
 STREET ADDRESS **GRICE, DAVID**
 CITY-ST-ZIP **890 NW 72 AVE
 PLANTATION FL 33317**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

4/01/02
 Date

954-791-4540
 Daytime Phone #

CR2E034 (9/01)