2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # P98000056262 Apr 20, 2000 8:00 am Secretary of State 1. Entity Name GRIDSLINGER, INC. a idi 04-20-2000 90031 005 ***150.00 Principal Place of Business Mailing Address 6315 SOUTHWEST 24TH STREET 6315 SOUTHWEST 24TH STREET MIRAMAR FL 33023 MIRAMAR FL 33023-2862 2. Principal Place of Business 3. Mailing Address ίο. Box 907 11990 WE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0847637 Beonson 35651 BROWSON Not Applicable Country U.S Country \$8.75 Additional 5. Certificate of Status Desired 621 26 21 3 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **RUIZ, GREGORY** Street Address (P.O. Box Number is Not Acceptable 6315 S.W. 24TH ST. MIRAMAR FL 33023 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, ☐ Addition **PSTD Delete** TITLE TITLE RUIZ, GREGORY M NAME NAME ** j :> 5 STREET ADDRESS STREET ADDRESS 6315 SOUTHWEST 24TH STREET L1996 N.E. CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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