

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056262

1. Entity Name
GRIDSLINGER, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90120 002 ***150.00

Principal Place of Business

11990 NW 50TH ST
BRONSON FL 32621

Mailing Address

PO BOX 1907
BRONSON FL 32621

2. Principal Place of Business

~~BRONSON~~ 6315 SW 24 ST
County

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIRAMAR

City & State

Zip

33023

Country

US

Zip

Country

4. FEI Number 65-0847637

Applied for

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUIZ, GREGORY
6315 SW 24 ST
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name: RUIZ, GREGORY M

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

6315 SW 24 ST MIRAMAR

City

MIRAMAR

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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

TITLE: PSTD
NAME: RUIZ, GREGORY M
STREET ADDRESS: 11990 NE 50 ST
CITY-ST-ZIP: BRONSON FL 32621 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE: PSTD
NAME: RUIZ, GREGORY M
STREET ADDRESS: 6315 SW 24 ST
CITY-ST-ZIP: MIRAMAR FL 33023 ☒ Change ☐ Addition

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

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01 (352) 316-2607
Date Daytime Phone #

CR2E034 (10/00)