

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90092 012 ***150.00

DOCUMENT # P98000058383

1. Entity Name
GRAB, INC.



Principal Place of Business
**1967 CASTILLE DRIVE
PALM HARBOR FL 34683
US**

Mailing Address
**1967 CASTILLE DRIVE
PALM HARBOR FL 34683
US**



2. Principal Place of Business

3. Mailing Address

2207 N. HERCULES
Suite, Apt. #, etc.

1967 CASTILLE DR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Dunedin FL - 34698

City & State

Dunedin FL

4. FEI Number

59-3526186

Applied For

Not Applicable

Zip

Country

34698

Pinellas

Zip

34698

Country

Pinellas

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

**SEBASTYEN, WILLIAM A III
1967 CASTILLE DRIVE
PALM HARBOR FL 34683**

Name

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

City

FL

Zip Code

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

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D SEBASTYEN, WILLIAM A III	<input type="checkbox"/> Delete
STREET ADDRESS	1967 CASTILLE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE NAME	D SEBASTYEN, GAIL E	<input type="checkbox"/> Delete
STREET ADDRESS	1967 CASTILLE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

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

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

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Sebastyan 4-1-03- 9245
Date Daytime Phone #

CR2E034 (10/02)