

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061650

1. Entity Name
GRB SALES INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90219 027 ***150.00

Principal Place of Business Mailing Address
960 S.W. GARDENS BLVD. 3131 MARTIN DOWNS BLVD. SUITE 304
PALM CITY FL 34980 PALM CITY FL 34980-2642

2. Principal Place of Business 3. Mailing Address
568 SW Hidden River Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Palm City, FL
Zip Country Zip Country
34980 MARTIN

4. FEI Number 65-0852266 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BIRDSALL, GENE
960 S.W. GARDENS BLVD.
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name BIRDSALL GENE
Street Address (P.O. Box Number is Not Acceptable)
568 S.W. Hidden River Ave
City Palm City FL Zip Code 34990

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 Gene Birdsall GENE BIRDSALL 4-20-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BIRDSALL, GENE	
STREET ADDRESS	960 S.W. GARDENS BLVD.	
CITY - ST - ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	STERN, LORRAINE	
STREET ADDRESS	960 S.W. GARDENS BLVD.	
CITY - ST - ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Gene Birdsall GENE BIRDSALL 4-20-00 561-223890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #