## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 12, 2001 8:00 am Secretary of State DOCUMENT # P98000069916 1. Entity Name GRANITE POINT-PARTNERS, INC. 05-12-2001 90042 045 \*\*\*150.00 Principal Place of Business Mailing Address 851 SE MONTERY COMMONS BLVD 851 SE MONTERY COMMONS BLVD STUART FL 34996 STUART FL 34996 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 65-0859306 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRAMER, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 853 SE MONTEREY COMMONS BLVD STUART FL 34996 Zip Code City 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change PD ☐ Delete TITLE TITLE KRAMER, ROBERT S NAME NAME 853 SE MONTEREY COMMONS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 Change ☐ Addition SD ☐ Delete TITLE TITLE PYNE, JAMES R NAME NAME 851 SE MONTEREY COMMONS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 ☐ Addition TITLE ☐ Change ☐ Delete TD SULLIVAN: JOHN: W. .... NAME NAME STREET ADDRESS STREET ADDRESS 851 SE MONTEREY COMMONS BLVD CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 TITI F ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE. ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Robert SIGNATURE:

FILED