


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000091257

1. Entity Name  
**GROGNARD CORPORATION**



FILED  
03 SEP 26 PM 6:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
112 S. HIBISCUS DR.  
MIAMI BCH, FL 33139

Mailing Address  
112 S. HIBISCUS DR.  
MIAMI BCH, FL 33139

2. Principal Place of Business  
319 S. RIVERSIDE DR.  
Suite, Apt. #, etc.

3. Mailing Address  
319 S. RIVERSIDE DR.  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**POMPANO BEACH**

City & State  
**POMPANO BEACH**

4. FEI Number  
**65-0877601**

Applied For  
 Not Applicable

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

Zip Country  
**33062 USA**

Zip Country  
**33062 USA**

6. Name and Address of Current Registered Agent  
**LANGEN, MAX  
112 S. HIBISCUS DR.  
MIAMI BCH, FL 33139**

7. Name and Address of New Registered Agent  
Name  
**ULRICH ANSIN**  
Street Address (P.O. Box Number is Not Acceptable)  
**319 S. RIVERSIDE DR.**  
City  
**POMPANO BEACH** FL Zip Code  
**33062**

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]* DATE **09/19/03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003, Fee will be \$550.00  
Amended UBR is \$61.26  
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 STREET ADDRESS CITY-ST-ZIP	D ANSIN, ULRICH 319 S RIVERSIDE DR. FT. LAUDERDALE, FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANSIN, ULRICH 319 S. RIVERSIDE DR. POMPANO BEACH, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300023369383 09/26/03--01084--003 **550.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* ULRICH ANSIN DIRECTOR 09/19/03 954 7819310

SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)