

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

POMPAUO BEACH

City & State

POMPAUO BEACH

4. FEI Number

65-0877601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33062

Country

USA

Zip

33062

Country

USA

6. Name and Address of Current Registered Agent

LANGEN, MAX
112 S. HIBISCUS DR.
MIAMI BCH, FL 33139

Name

ULRICH ANSIN

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

319 S. RIVERSIDE DR.

City

POMPAUO BEACH

FL

Zip Code

33062

7. Name and Address of New Registered Agent

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

09/19/03

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANSIN, ULRICH	
STREET ADDRESS	319 S RIVERSIDE DR.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33062	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANSIN, ULRICH	
STREET ADDRESS	319 S. RIVERSIDE DR.	
CITY-ST-ZIP	POMPAUO BEACH, FL 33062	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ULRICH ANSIN DIRECTOR

09/19/03

954 7819310

Date

Daytime Phone

CR2E034 (10/02)