2001 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2001 8:00 am Secretary of State DOCUMENT # P98000097457 1. Entity Name GRIMME' CONTRACTORS, INC. 05-11-2001 90101 015 ***150.00 Principal Place of Business Mailing Address 1404 E. BROWARD BLVD. 1404 E. BROWARD BLVD. FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address 1.0. Box 30578 Isle Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0876718 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3 303 Brown 30 Fee Required Erowar0 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIMME', MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 1404 E. BROWARD BLVD. FT LAUDERDALE FL 33301 City Zip Code ヨヨるの / 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. (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE PSTD □ Delete TITLE 91 Isle of Venice NAME NAME GRIMME', MICHAEL J STREET ADDRESS STREET ADDRESS 1404 E. BROWARD BLVD. 30) CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Addition TITLE ☐ Delete TITLE 91 Isle of Venice NAME NAME GRIMME, PAMELA D STREET ADDRESS STREET ADDRESS 1404 E. BROWARD BLVD. CITY-ST-ZIP *3330* CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Delete TITLE Change ☐ Addition TITLE 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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.,

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TPED OR P

☐ Delete

Corimne 5/1/01 954-522-0041 \$100

☐ Change

☐ Addition