

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90045 028 \*\*\*150.00

**DOCUMENT # P99000034246**

1. Entity Name

**GRS VENDOR RELATIONS, INC.**

Principal Place of Business

951 SOUTH ANDREWS AVENUE  
 POMPANO BEACH FL 33069

Mailing Address

951 SOUTH ANDREWS AVENUE  
 POMPANO BEACH FL 33069-4610

2. Principal Place of Business

3. Mailing Address

**3323 W. Commercial Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 200**

City & State

City & State  
**Pr. Lauderdale, FL**

4. FEI Number

**65-0922074**

Applied For

Not Applicable

Zip

Country

Zip  
**33309**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D/P	Gregg Wallick	3323 W. Commercial Blvd Ste 200	Pr. Lauderdale, FL 33309	<input type="checkbox"/>
VP	Tim Krasica	3323 W. Commercial Blvd Ste 200	Pr. Lauderdale, FL 33309	<input type="checkbox"/>
D/VP/T/S	Dale Eby	3323 W. Commercial Blvd Ste 200	Pr. Lauderdale, FL 33309	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_

**Dale E. Eby, Vice President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/13/00**

Daytime Phone #

**954/942-3550**

CR2E034 (9/99)