

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000034246**1. Entity Name  
GRS VENDOR RELATIONS, INC.

## Principal Place of Business

951 SOUTH ANDREWS AVENUE

POMPANO BEACH  
33069

FL

## Mailing Address

3323 W. COMMERCIAL BLVD

STE 200

FORT LAUDERDALE  
33309

FL

## 2. Principal Place of Business

3323 W. COMMERCIAL BLVD

## 3. Mailing Address

Suite, Apt. #, etc.  
SUITE 200

Suite, Apt. #, etc.

## City &amp; State

FT. LAUDERDALE

FL

## City &amp; State

Zip  
33309

Country

Zip

Country

## 4. FEI Number

65-0922074

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION

33324

US

FL

## 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 \_\_\_\_\_ 04/26/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	EBY DAK	
STREET ADDRESS	3323 W. COMMERCIAL BLVD -STE 200	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KOSICA TIM	
STREET ADDRESS	3323 W. COMMERCIAL BLVD -STE 200	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WALLICK GREGG	
STREET ADDRESS	3323 W. COMMERCIAL BLVD -STE 200	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHER JANN I	
STREET ADDRESS	3323 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBY DAK	
STREET ADDRESS	3323 W. COMMERCIAL BLVD -STE 200	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRESICA TIM	
STREET ADDRESS	3323 W. COMMERCIAL BLVD -STE 200	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARIMER JOHN R	
STREET ADDRESS	3323 W. COMMERCIAL BLVD -STE 200	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
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		

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: JANN I. FISHER**

S

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)