

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034895

1. Entity Name

Brothers Grimm, Inc.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90047 028 ***150.00

00043441

Principal Place of Business
1548 Lancaster Terrace
Jacksonville, FL 32204

Mailing Address

Same

2. Principal Place of Business
503 N. 3rd Street

3. Mailing Address
503 N. 3rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville Beach, FL

City & State
Jacksonville Beach, FL

4. FEI Number
59-3569658

Applied For
Not Applicable

Zip
32250

Country
USA

Zip
32250

Country
USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Clarence F. Frazier
1548 Lancaster Terrace
Jacksonville, Florida 32204

7. Name and Address of New Registered Agent

Name
Jason D. Hutto

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

503 N. 3rd Street

City
Jackson Beach

FL

Zip Code
32250

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 *Jason Hutto*
Signature, type 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, 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

TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Clarence F. Frazier	
STREET ADDRESS	1548 Lancaster Terrace	
CITY-ST-ZIP	Jacksonville, FL 32204	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jason D. Hutto	
STREET ADDRESS	503 N. 3rd Street	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

904-246-5204

Daytime Phone #

CR2E034 (9/99)