

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000048010**

1. Entity Name

GROUT PERFECT INTERNATIONAL, INC.**FILED**
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90342 010 ***150.00

Principal Place of Business

PMB 236
21218 ST. ANDREWS BLVD.
BOCA RATON FL 33433

Mailing Address

PMB 236
21218 ST. ANDREWS BLVD.
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0945398**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILDNER, ROY T
423 DELAWARE AVENUE
FORT PIERCE FL 34950

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

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 State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	CEO		<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SCHRINER, JOHN D						
	236 SW CABANA PT CR.						
	STUART FL 34994						
	P		<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	LLITERAS, MICHAEL						
	1754 NE 46TH STREET						
	FORT LAUDERDALE FL 33334						
	VPC		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MILDNER, ROY T						
	423 DELAWARE AVENUE						
	FORT PIERCE FL 34950						
	VPS		<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BEAUMONT, SCOTT						
	2400 E LAS OLAS BLVD., #297						
	FORT LAUDERDALE FL 33301						
	VPLA		<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	WILSON, KATHLEEN S						
	7503 LAGUNA ROAD						
	FORT PIERCE FL 34951						
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/23/01 561-464-8008
Date Daytime Phone #

CR2E034 (10/00)