

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90089 043 ***150.00

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DOCUMENT # P99000059424

1. Entity Name
GRITS & COMPANY, INC.



Principal Place of Business
**13219 S. ISTACHATTA RD.
FLORAL CITY FL 34436**

Mailing Address
**13219 S. ISTACHATTA RD.
FLORAL CITY FL 34436**

2. Principal Place of Business
10424 N. CR. 475

3. Mailing Address
P.O. Box 3071

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WILDWOOD FL

City & State
INVERNESS FL

Zip
34785

Country

Zip
34451

Country

4. FEI Number **59-3586227**

Applied For
Not Applicable

5. 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

**WIWI, CATHERINE
656 S. FLORA PT.
INVERNESS FL 34650**

Name **SANDY WHITLEY**
Street Address (P.O. Box Number is Not Acceptable)
10424 N. CR 475

City **WILDWOOD** **FL** Zip Code **34785**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sandy Whitley*

4/10/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WHITLEY, SANDRA L**
STREET ADDRESS **13219 S. ISTACHATTA RD.**
CITY-ST-ZIP **FLORAL CITY FL 34436**

TITLE ☒ Change ☐ Addition
NAME **P.O. Box 3071**
STREET ADDRESS **INVERNESS FL 34451**
CITY-ST-ZIP

TITLE **ST** ☒ Delete
NAME **WIWI, CATHERINE E**
STREET ADDRESS **656 S. FLORA PT.**
CITY-ST-ZIP **INVERNESS FL 34650**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandy Whitley, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 (352) 362-3606
Date Daytime Phone #

CR2E034 (10/02)