

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067264

Entity Name
GRUNDSTEIN CORPORATION

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90059 034 ***150.00

Principal Place of Business
CONROY RD, SUITE 140
ORLANDO FL 32811

Mailing Address
5301 CONROY RD, SUITE 140
ORLANDO FL 32811-3551

Principal Place of Business
7 CAPE CORAL PKWY. W.
Suite, Apt. #, etc.

3. Mailing Address
709 CAPE CORAL PKWY. W.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CAPE CORAL, FLORIDA
Zip
33914
Country

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Zip
33914
Country

4. FEI Number
59-3590708
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LANE, PAUL CAMP
5301 CONROY RD, SUITE 140
ORLANDO FL 32811

7. Name and Address of New Registered Agent
Name
MONIKA E. FARMAR
Street Address (P.O. Box Number is Not Acceptable)
709 CAPE CORAL PKWY. WEST
City
CAPE CORAL FL Zip Code
33914

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 Monika E. Farmar MONIKA E. FARMAR 4-24-00
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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	LANE, PAUL CAMP	
STREET ADDRESS	5301 CONROY RD, SUITE 140	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUTH SCHADEK	
STREET ADDRESS	1211 S.W. 49TH STREET	
CITY-ST-ZIP	CAPE CORAL, FL. 33914	
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		<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		
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: Ruth Schadek RUTH SCHADEK, DIRECTOR 4-24-00 941-541-9013 407-316-0343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)