FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am Secretary of State P99000087919 DOCUMENT # 1. Entity Name OLD GRANDAD MANAGEMENT CORP. 04-22-2002 90207 015 \*\*\*150.00 Principal Place of Business Mailing Address 1396 BEACH BLVD. 1396 BEACH BLVD. JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State FEI Number 59-3601102 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOTOLAW, INC. **50 NORTH LAURA STREET SUITE 2750** JACKSONVILLE FL 32202 8. The above named at ity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE d title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition TITLE KNOUSE, MARGARET P NAME NAME 1396 BEACH BLVD. STREET ADDRESS STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP CITY-ST-7IP Curtis Winter ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME 1396 Beach Bld STREET ADDRESS STREET ADDRESS Jax. Bch, F1 32250 CITY-ST-ZIP CITY-ST-ZIP Scott Knouse ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME =1396-Beach-Blud --STREET ADDRESS STREET ADDRESS JOX. Beh. FlA. 72250 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITL F TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 at tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

address, with all other like empowered.

348/02 (904) 613-556