2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 05, 2000 08:00 AM DOCUMENT # P9900093759 1. Entity Name **Secretary of State** G & D CONSTRUCTORS, INC. Principal Place of Business Mailing Address 506 SAN JUAN BLVD. 506 SAN JUAN BLVD. ORLANDO FL ORLANDO FL 32807 32807 2. Principal Place of Business 3. Mailing Address 776 EAST OSCEOLA RD P.O. BOX 39 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number GENEVA FL GENEVA FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X 32732 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRINDROD GRINDROD CHARLES 506 SAN JUAN BLVD. Street Address (P.O. Box Number is Not Acceptable) 776 EAST OSCEOLA RD. ORLANDO FL 32807 City Zip Code GENEVA 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. 09/05/2000 CHARLES R. GRINDROD (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. 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 TITLE ☐ Delete TITLE X Change ☐ Addition GRINDROD CHARLES NAME GRINDROD CHARLES STREET ADDRESS 506 SAN JUAN BLVD. STREET ADDRESS 776 EAST OSCEOLA RD. CITY-ST-ZIP ORLANDO 32807 CITY-ST-ZIP GENEVA 32732 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8 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.