

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093886

1. Entity Name
GRIP ARMS & LAMP HEADS, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90021 014 ***550.00

Principal Place of Business
913 SEMINOLE WOODS BLVD.
GENEVA FL 32732

Mailing Address
913 SEMINOLE WOODS BLVD.
GENEVA FL 32732



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12731 Moorpark St. APT 1

3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.
Apt. 1

City & State
Studio City, CA

City & State

Zip
91604

Country
USA

Zip

Country

4. FEI Number
58-2502449

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

HENRY, RODNEY
913 SEMINOLE WOODS BLVD.
GENEVA FL 32732

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
OLIVER HENRY
12731 Moorpark St.
Studio City, CA

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY/TREASURER
Rodney Henry
913 Seminole Woods Blvd.
Geneva, FL 32732

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

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☐ Change ☐ 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

9/9/00

407-281-1948

Date

Daytime Phone #

CR2E034 (5/00)