

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90430 014 ***150.00

DOCUMENT # P99000100058
1. Entity Name

GRUBBS ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4628 S MOON TRAIL
Suite, Apt. #, etc.

3. Mailing Address
4628 S MOON TRAIL
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PORT ORANGE FL
Zip
32119

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PORT ORANGE FL
Zip
32119

4. FEI Number
59-3609163
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GRUBBS, TRACY
Street Address (P.O. Box Number is Not Acceptable)
4628 S MOON TRAIL
City PORT ORANGE **FL** **Zip Code** 32119

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.

(NO IL: 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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PVST GRUBBS, TRACY 4628 S MOON TRAIL PORT ORANGE FL 32119
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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 on an attachment with an address, with all other officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 02 386-679-0416
Date Daytime Phone #

CR2E034B (12/01)