

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90075 041 ***150.00

DOCUMENT # S21149

1. Entity Name
GRANNY NANNIES OF NORTH AMERICA, INC.



Principal Place of Business
222 S WESTMONTE DR #205
ALTAMONTE SPRGS FL 32714
US

Mailing Address
P.O. BOX 940248
MAITLAND FL 32794-0248



2. Principal Place of Business
1912 Boothe Circle

3. Mailing Address
1912 Boothe Circle

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

City & State
Longwood Florida

City & State
Longwood Florida

Zip Country
32750 U.S.A

Zip Country
32750 U.S.A

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3048097

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

HODGSON, ROBERT D.
282 EAGLET WAY
LAKE MARY FL 32746

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert D. Hodgson Robert D. Hodgson pres. 3-25-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HODGSON, WILLIAM E., JR.
STREET ADDRESS 30 FAITH DR
CITY-ST-ZIP HAMPSTEAD NH

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

TITLE DCT ☐ Delete
NAME HODGSON, MARILYN J
STREET ADDRESS 30 FAITH DR
CITY-ST-ZIP HAMPSTEAD NH

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

TITLE DP ☐ Delete
NAME HODGSON, ROBERT D.
STREET ADDRESS 282 EAGLET WAY
CITY-ST-ZIP LAKE MARY FL

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

TITLE DVS ☐ Delete
NAME HODGSON, KIRSTEN A.
STREET ADDRESS 282 EAGLET WAY
CITY-ST-ZIP LAKE MARY FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kirsten A. Hodgson 3-25-03 407-682-7758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)