## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# S40924

Entity Name: GRIN & BARRIT, INC.

100 THATCHER STREET

TAMPA, FL

Address:

City-St-Zip:

FILED Feb 04, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 201 N. FRANKLIN ST. **SUITE 2100** TAMPA, FL 33602 **Current Mailing Address: New Mailing Address:** P.O. BOX 3141 TAMPA, FL 33601 FEI Number: 65-0253224 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EDWARDS, JOSEPH D 201 N. FRANKLIN STREET ONE TAMPA CITY CENTER SUITE 2100 TAMPA, FL 33602 US 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete Title: (X) Change ( ) Addition EDWARDS, JOSEPH D., Name: Name: EDWARDS, JOSEPH D 201 N FRANKLIN SUITE 2100 201 N FRANKLIN SUITE 2100 Address: Address:

City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL Title: VΡ Title: VΡ () Delete (X) Change ( ) Addition EDWARDS, SIGRID Name: EDWARDS, SIGRID Name: 607 W HORATIO STREET. 10403 LOST BOYS LN Address: Address: RIVERVIEW, FL 33569 City-St-Zip: TAMPA, FL City-St-Zip: Title: Title: () Delete () Change () Addition LACEY, GEORGE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

Ρ SIGNATURE: JOSEPH D. EDWARDS 02/04/2002