FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Feb 20, 2002 8:00 am S80716 DOCUMENT # **Secretary of State** 1. Entity Name GRATHWOHL INDUSTRIES, INC. 02-20-2002 90063 044 ***150.00 Principal Place of Business Mailing Address 2106 TALL OAK DRIVE 2106 TALL OAK DRIVE WINTER GARDEN FL 34786 US WINTER GARDEN FL 34786 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3088676 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent ----6. Name and Address of Current Registered Agent NASH, TODD Street Address (P.O. Box Number is Not Acceptable) 1923 EAST WASHINGTON ST ORLANDO FL 32803 City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01)TITLE ☐ Delete TITLE Addition NAME GRATHWOHL, BARRY R. JR. NAME CR2E034 STREET ADDRESS 2106 TALL OAK DRIVE STREET ADDRESS WINTERPARK FL 34786 CITY-ST-ZIP) 34787 CITY-ST-ZIP TITLE ☐ Delete TITLE 1131 Railside Way NAME GRATHWOHL, BRUCE R STREET ADDRESS STREET ADDRESS 7123 YATCH BASIN AVE # 331 Winter Garden IFL 34787 CITY-ST-ZIP ORLANDO FL 32835 Delete .-- ---TITLE NAME NAME GRATHWOHL, PAMELA STREET ADDRESS STREET ADDRESS 2106 TALL OAK DRIVE 34787 CITY-ST-ZIP CITY-ST ZIP WINTER GARDEN FL 34786 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ 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

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

☐ Delete

1-5-02

☐ Change

☐ Addition