2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

S80716 **DOCUMENT #**

1. Entity Name

GRATHWOHL INDUSTRIES, INC.



Principal Place of Business Mailing Address TAAAAAAT 2106 TALL OAK DRIVE 2106 TALL OAK DRIVE WINTER GARDEN FL 34786 WINTER GARDEN FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 59-3088676 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NASH, TODD Street Address (P.O. Box Number is Not Acceptable) 1923 EAST WASHINGTON ST QRLANDO 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE ☐ Delete TITLE ☐ Addition GRATHWOHL, BARRY R. JR. NAME NAME STREET ADDRESS 2106 TALL OAK DRIVE STREET ADDRESS Winter Garden, FL 34787 **WINTERPARK FL 34787** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition GRATHWOHL, BRUCE R NAME NAME 1131 RAILSIDE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL 34787 ۷P TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRATHWOHL, PAMELA NAME NAME STREET ADDRESS STREET ADDRESS 2106 TALL OAK DRIVE -CITY-ST-ZIP WINTER GARDEN FL 34787 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Addition NAME STREET ADDRESS STREET ADDRESS

FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90035 010 ***150.00

CITY-ST-ZIP 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 with all other like empowered

SIGNATURE: