

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V28742

1. Entity Name
PATRICK D. GRIMM, P.A.

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90004 033 ***150.00

Principal Place of Business

11304 NW 21ST STREET
CORAL SPRINGS FL 33071

Mailing Address

11304 NW 21ST STREET
CORAL SPRINGS FL 33071

660319



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8885 Ramblewood DR
Suite, Apt. #, etc.
2111

3. Mailing Address

8885 Ramblewood DR
Suite, Apt. #, etc.
2111

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number 65-0325439

Applied For

Not Applicable

Zip

33071

Country

USA

Zip

33071

Country

USA

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

GRIMM, PATRICK D.
11304 NW 21ST STREET
CORAL SPRINGS FL 33071

Name

Street Address (P.O. Box Number is Not Acceptable)

8885 Ramblewood DR #2111

Coral Springs FL 33071

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.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOT

Registered Agent signature required when reinstating)

5/1/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
GRIMM, PATRICK D
11304 NW 21 ST
CORAL SPRINGS FL 33071 ☐ Delete *See Above*

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE
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CITY-ST-ZIP
☐ Change ☐ 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01
Date

954-345-0371
Daytime Phone #

CR2E034 (10/00)