

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 32850
 1. Entity Name
FORTNER - GRIVNA ENTERPRISES, INC



FILED

03 JUN -6 PM 12:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4518 W. IOLEWILD
 Suite, Apt. #, etc.

3. Mailing Address
4518 W. IOLEWILD
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA FLORIDA

City & State
TAMPA FLORIDA

4. FEI Number
59-3123757
 Applied For
 Not Applicable

Zip
33614 Country
USA

Zip
33614 Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GRIVNA, FRANCENE L.
 Street Address (P.O. Box Number is Not Acceptable)
4518 W. IOLEWILD - AVE
 City
TAMPA FL Zip Code
33614

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Check Payable to Florida Department of State

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

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>GRIVNA, FRANCENE L</u> <u>4518 W. IOLEWILD AVE</u> <u>TAMPA, FL 33614</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V</u> <u>GRIVNA, BRADLEY M.</u> <u>4539 W. IOLEWILD AVE</u> <u>TAMPA, FL 33614</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ST</u> <u>GRIVNA, CRYSTAL D.</u> <u>4539 W. IOLEWILD AVE</u> <u>TAMPA, FL 33614</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Francene L. Grivna FRANCENE L. GRIVNA 05/30/03 813 884-7099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)