

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F67211

1. Entity Name

GRAND CENTRAL AUTO SALES AND RENTALS, INC.

Principal Place of Business

6114 54TH AVENUE NORTH
ST PETERSBURG FL 33709

Mailing Address

6114 54TH AVENUE NORTH
ST PETERSBURG FL 33709

2. Principal Place of Business

P.O. Box 204

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PARRISH FL

City & State

Zip

34219

Country

MANATEE

Zip

Country

4. FEI Number 59-2238418

Applied For

Not Applicable

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

LYON, JOSEPH D
6114 54TH AVE N
ST. PETERSBURG FL 33709

Name

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
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
PVP
LYON, JOSEPH D
6114 54TH AVE N
ST PETE, FL 00000 ☐ Delete

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

TITLE
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LYON, ANNA R.
6114-54TH AVE. N.
ST. PETERSBURG FL ☐ Delete

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☐ 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

ANNA R. LYON

Date

4/24/2001

Daytime Phone #

941-776-2573



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)