2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

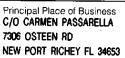
G70016 **DOCUMENT #**

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

GRAND VALLEY INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90198 027 ***150.00

727) 842-812/

C/O CARMEI 7306 OSTEEI	ice of Business N PASSARELLA N RD RICHEY FL 34653	7306 OSTE	Mailing Address 7306 OSTEEN ROAD NEW PORT RICHEY FL 34653 US								
2. Principal	Place of Business	3. Mailing	3. Mailing Address				1	O CINI DICIN DIBIN	01811 31011 1		
Suite, Ap	t. #, etc.	Suite, Ap	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	ite	City & St	City & State			. 4.	FEI Number 59-2750601	·· <u>-</u>		oplied For	
Zip	Country	Zip	Zip C			5.	Certificate of Status Desired		8.75 Add	ditional	
6. Name and Address of Current Registered Agent						7.	Name and Address of New Ro				
PASSARELLA, CARMEN					Name						
	ILLA, CARMEN TEEN ROAD		Street Addre			ess (P.O. E	(P.O. Box Number is Not Acceptable)				
NEW POP	RT RICHEY FL 34653										
	. *				City		·	FL	Zip Cod	e	
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		ed agent and title if applicable	(NOTE	E: Registered	Agent signature rec	uired when n	" einstating)	DATE			
Afte	LE NOW!!! FEE IS \$150. If May 1, 2003 Fee will be \$5 K Payable to Florida Departn	50.00		11.			Election Campaign Fina Trust Fund Contribution	ancing	Added	0 May Be to Fees	
	IDP		Delete	-	1	AL	DITIONS/CHANGES TO OFFI				
NAME STREET ADDRESS CITY-ST-ZIP	PASSARELLA, CARMEN 7306 OSTEEN RD NEW PT RICHEY, FL 00000		Delete					Ļ] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, WILLIAM 7306 OSTEEN RD NEW PORT RICHEY FL	1	☐ Delete		T ADDRESS ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PASSARELLA, NICHOLAS 7306 OSTEEN RD. NEW PORT RICHEY FL 346		☐ Delete	TITLE NAME STREE CITY-	T ADDRESS ST-ZIP	-	- A · · ·		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, [□ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP		***] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C	□ Defete	TITLE NAME STREE CITY-S	I ADDRESS ST-ZIP	•	<u>, , , , , , , , , , , , , , , , , , , </u>	. [] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY-S					Change	Addition	
 I hereby conditions indicated of the corporation changed, 	ertify that the information slipplic on this report or supplemental re poration or the receiver or irustee or on an attachment with an add	ed with this filing does port is true and accura empowered to execu- ress, with all other like	not qualify for the and that me te his report a gripowered.	the exemy signatures require	ption stated in re shalf have the port Chapter 6	Section 1 ne same le 307, Floric	19.07(3)(i), Florida Statutes. I f egal effect as if made under oa da Statutes; and that my name a	urther certify th; that I am a appears in Blo	that the inf in officer o ock 10 or f	ormation or director Block 11 if	