

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

FILED

DOCUMENT # J94752

1. Entity Name

GRAND ILLUSIONS INC



03 OCT 21 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2665 PEMBERTON DR

3. Mailing Address  
2665 PEMBERTON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
APOPKA FL

City & State  
APOPKA, FL

4. FEI Number 59-2849511

Applied For  
Not Applicable

Zip  
32703

Country  
USA

Zip  
32703

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 LAWRENCE L FANN

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

2665 PEMBERTON DRIVE

City APOPKA

FL

Zip Code  
32703

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

*Lawrence L Fann*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANN, LAWRENCE L. 2665 PEMBERTON DR. APOPKA FL
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10/21/03--01061--021 MW150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Lawrence L Fann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/10/23

CR2EC348 (12/03)

**PATTI LEVIN INC.**  
**Post Office Box 121**  
**Tavares, Florida 32778**  
**(352) 383-0007**

October 2, 2003

Florida Department of State  
Annual Report Section  
Post Office Box 6327  
Tallahassee, FL 32314

RE: Grand Illusions, Inc.  
2003 UBR Report  
Document #J94752

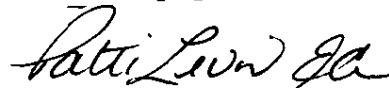
Dear Sirs:

My client, Grand Illusions Inc., did not receive their 2003 UBR form. They just became aware that this corporation is inactive.

It is requested that you accept the enclosed check in the amount of \$150.00 to pay in full the annual report fee for 2003, and reinstate this corporation. It is also requested that any and all late fees be waived, due to the circumstances.

Thank you for your assistance in this matter.

Sincerely yours,



Patti Levin, BS EA  
Accountant

PL:mk

cc: Grand Illusions Inc

2003 UBR form  
Grand Illusions Inc. 2003 UBR form  
Grand Illusions Inc. 2003 UBR form