

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

0094125 AV

DOCUMENT # **L43740**

1. Entity Name
GRAND CENTRAL ENGINEERING & SECURITY, INC.



05-05-2003 90381 003 ***150.00

Principal Place of Business
~~670 CHERRY STREET~~
~~WINTER PARK FL 32789~~
~~US~~

Mailing Address
~~670 CHERRY STREET~~
~~WINTER PARK FL 32789~~
~~US~~

NEW ADDRESS



2. Principal Place of Business

6753 Kingspointe Pkwy
Suite, Apt. #, etc.
Suite 112

City & State
ORLANDO FL

Zip
32819

Country
ORANGE

3. Mailing Address

6753 Kingspointe Pkwy
Suite, Apt. #, etc.
Suite 112

City & State
ORLANDO FL

Zip
32819

Country
ORANGE

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0167941**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AGRESTA, CONSTABLE
~~670 CHERRY STREET~~
~~WINTER PARK FL 32789~~

NEW ADDRESS

7. Name and Address of New Registered Agent

Name **AGRESTA Constable**
Street Address (P.O. Box Number is Not Acceptable)
6753 Kingspointe Parkway
Suite 112
City **ORLANDO** FL Zip Code **32819**

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

(NOTE: Registered Agent signature required when reinstating)

04-27-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **P** ☐ Delete
NAME **AGRESTA, CONSTABLE**
STREET ADDRESS **670 CHERRY STREET**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **AGRESTA, Constable**
STREET ADDRESS **6753 Kingspointe Parkway**
CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-03 Date
407 351 7677 Daytime Phone #

OR2E034 (10/02)