

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L63791**

1. Entity Name

GRAND PRODUCTS INTERNATIONAL, INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90097 049 ***150.00

Principal Place of Business

Mailing Address

PO BOX 2516
DELAND FL 32721-2516
USPO BOX 2516
DELAND FL 32721-2516
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3009019

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

MCMAHON, MARCIA D.
1201 5TH ST.
ORANGE CITY FL 32763

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 State10. 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 | DELETE | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE | ADDITION |
|-------|--------------------|------------------------|----------------------|--------------------------|-------|------|-----------------|-------------------|-------------------------------------|--------------------------|
| | DP | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | BULLIS, JEROME W. | 2151 ANCHOR AVENUE | DELAND FL | | | | | | | |
| | D | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | MURPHY, WILLIAM R. | 1106 E UNIVERSITY AVE | DELAND FL | | | | | | | |
| | D | | | <input type="checkbox"/> | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | MCMAHON, MARCIA D. | 1201 5TH ST. | ORANGE CITY FL 32763 | | | | 1935 9th Avenue | DeLand, FL. 32724 | | |
| | D | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | FITZWATER, CARL W | 1566 YARMOUTH POINT DR | CHESTERFIELD MO | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

Date

Daytime Phone #

CR2E034 (10/00)