


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90094 048 \*\*\*150.00

**DOCUMENT #** P00000084198  
**1. Entity Name**  
 GRAND ISLAND, INC.



**Principal Place of Business**  
 13401 BEACH BLVD.  
 JACKSONVILLE FL 32246

**Mailing Address**  
 1309 ST JOHNS BLUFF RD. NORTH  
 SUITE 2  
 JACKSONVILLE FL 32225

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip

**3. Mailing Address**  
 1309 St Johns Bluff Rd. N.  
 Suite 2  
 Jacksonville, FL  
 Zip 32225  
 Country USA



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

SHULTZ, CHAD A  
 1309 ST JOHNS BLUFF RD, NORTH  
 SUITE 2  
 JACKSONVILLE FL 32225

**7. Name and Address of New Registered Agent**

Name: Chad Shultz  
 Street Address (P.O. Box Number is Not Acceptable):  
 1309 St Johns Bluff Rd, N, Ste 2  
 City: Jacksonville 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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE: *Chad Shultz* Chad Shultz DATE: 2/4/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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	DPST	<input type="checkbox"/> Delete
NAME	SCHRUTT, JOSHUA	
STREET ADDRESS	13401 BEACH BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joshua Schрутt	
STREET ADDRESS	1309 St. Johns Bluff Rd, N, Ste 2	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-03 X904-821-0605  
 Date Daytime Phone #

CR2E034 (10/02)