

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91330 043 \*\*\*150.00

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

DOCUMENT # **P00000088623**  
 1. Entity Name  
**GRANDVIEW REALTY CORPORATION**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**725 SE PORT ST LUCIE BL**  
 Suite, Apt. #, etc.  
**201**  
 City & State  
**PORT ST LUCIE, FL**  
 Zip  
**34984** Country  
**USA**

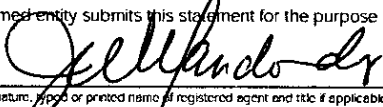
3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**65-1051795**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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 IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name  
**JULIAN W. MANDODY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**725 SE PORT ST. LUCIE BLVD.**  
**STE 201**  
 City  
**PORT ST. LUCIE** FL Zip Code  
**34984**

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)

**January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST JULIAN W. MANDODY ST 725 SE PORT ST. LUCIE BLVD. #201 PORT ST. LUCIE, FL 34984</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LESLIE S. MANDODY 725 SE PORT ST. LUCIE BLVD #201 PORT ST. LUCIE, FL 34984</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **secy/treas** 4/30/02 992-285-4750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #