

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


FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90097 006 ***150.00

060731 AV

DOCUMENT # P00000088623

1. Entity Name
GRANDVIEW REALTY CORPORATION



Principal Place of Business
**725 SE PORT ST LUCIE BLVD
SUITE 201
PORT SAINT LUCIE FL 34984
US**

Mailing Address
**725 SE PORT ST LUCIE BLVD
SUITE 201
PORT SAINT LUCIE FL 34984
US**



2. Principal Place of Business
1521 NE MAUREEN CT.

3. Mailing Address
1521 NE MAUREEN CT.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
JENSEN BEACH, FL

City & State
JENSEN BEACH, FL

Zip
34957

Country
MARTIN

Zip
34957

Country
MARTIN

4. FEI Number **65-1051795**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MANDODY, JULIAN W
725 SE PORT ST LUCIE BLVD
SUITE 201
PORT SAINT LUCIE FL 34984

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1521 NE MAUREEN CT.

City **JENSEN BEACH** FL Zip Code **34957**

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 *Julian W. Mandody* **JULIAN W. MANDODY** DATE **4-10-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	ST	<input type="checkbox"/> Delete
NAME	MANDODY, JULIAN W	
STREET ADDRESS	725 SE PORT ST LUCIE BLVD #201	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	
TITLE	P	<input type="checkbox"/> Delete
NAME	MANDODY, LESLIE S	
STREET ADDRESS	725 SE PORT ST LUCIE BLVD #201	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1521 NE MAUREEN COURT	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1521 NE MAUREEN COURT	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
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: *Julian W. Mandody* **JULIAN W. MANDODY** DATE **4-10-03** DAYTIME PHONE # **772-285-4750**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/02)