FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90058 049 ***158.75

DOCUMENT # P00000096202

1. Entity Name
Grapevine Investments of Central Florida Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3425 Sugarmill Rd
Suite, Apt. #, etc.
City & State
Kissimmee, FL
Zip 34741 Country US

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

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3675859
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Joe Rogewitz
Street Address (P.O. Box Number is Not Acceptable)
3425 Sugarmill Rd
City Kissimmee FL Zip Code 34741

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	President
NAME	Joseph O. Rogewitz
STREET ADDRESS	3425 Sugarmill Rd
CITY-ST-ZIP	Kissimmee, FL 34741
TITLE	Vice President
NAME	Amanda Rutledge
STREET ADDRESS	3425 Sugar Mill Rd
CITY-ST-ZIP	Kissimmee, FL 34741
TITLE	SEC
NAME	Chris Maday
STREET ADDRESS	103 Pulverton Way
CITY-ST-ZIP	Kissimmee, FL 34758
TITLE	
NAME	
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Chris Maday 4/30/02 (407) 586-0673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #