

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90183 025 ***158.75

DOCUMENT # P01000034527
 1. Entity Name
GRAND BAGGETTE, INC.

Principal Place of Business
505 AVE. A. NW. SUITE 102
WINTER HAVEN FL 33881-4626

Mailing Address
505 AVE. A. NW. SUITE 102
WINTER HAVEN FL 33881-4626



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
101 Polo Park Blvd

3. Mailing Address
437 LK DAVENPORT BLVD

Suite, Apt. #, etc.

City & State
DAVENPORT FLORIDA

City & State
DAVENPORT FLORIDA

Zip
33897

Country
USA

Zip
33897

Country
USA

4. FEI Number
59-375 4701

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HALL, DOUGLAS K
505 AVE. A, NW, SUITE 102
WINTER HAVEN FL 33881-4626

7. Name and Address of New Registered Agent
 Name
CRISTINA I GUTIERREZ
 Street Address (P.O. Box Number is Not Acceptable)
437 LK DAVENPORT BLVD
 City
DAVENPORT FL Zip Code
33897

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 *Cristina I Gutierrez* **CRISTINA I GUTIERREZ** **04-02-02**
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signatures 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, 2002 Fee will be \$550.00
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	D WALPEN, DAVID 505 AVE. A, NW, SUITE 102 WINTER HAVEN FL 33881-4626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALPEN DAVID 437 LK DAVENPORT BLVD DAVENPORT FL 33897	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David Walpen* **David Walpen** **04-02-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)