

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 SEP 18 AM 8:48

ATTORNEY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000042955

1. Entity Name
GRD UNLIMITED SERVICES INC



Principal Place of Business
4455 SUNBEAM RD
6
JACKSONVILLE, FL 32257

Mailing Address

4455 SUNBEAM RD
6
JACKSONVILLE, FL 32257

2. Principal Place of Business - No P.O. Box #

2778 Tancy Avenue

Suite, Apt. #, etc.

3. Mailing Address

2778 Tancy Avenue

Suite, Apt. #, etc.

City & State

Middleburg, FL

City & State

Middleburg, FL

Zip

32068

Country

USA

Zip

32068

Country

USA

4. FEI Number

20-504 1280

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORENO, LUIS A
4638 SHELBY AVE
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name DOGLIOTTI Rodolfo G

Street Address (P.O. Box Number is Not Acceptable)

2778 Tancy Avenue

City

Middleburg

FL

Zip Code
32068

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

Signature, typed or printed name of registered agent if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/8/2008

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DOGLIOTTI, RODOLFO G
STREET ADDRESS 4455 SUNBEAM RD NO 6
CITY-ST-ZIP JACKSONVILLE, FL 32257

Delete

TITLE P
NAME DOGLIOTTI Rodolfo G
STREET ADDRESS 2778 Tancy Avenue
CITY-ST-ZIP Middleburg FL 32068

Change

Addition

TITLE VP
NAME GONZALES, ANA M
STREET ADDRESS 4455 SUNBEAM RD NO 6
CITY-ST-ZIP JACKSONVILLE, FL 32257

Delete

TITLE VP
NAME Gonzales Ana M
STREET ADDRESS 2778 Tancy Avenue
CITY-ST-ZIP Middleburg FL 32068

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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STREET ADDRESS
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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/2008

Date

904-200-5124

Daytime Phone #