

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90150 033 ***150.00

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

DOCUMENT # P94000082963			
1. Entity Name GRAND CASTLE ENTERPRISES, INC.			
Principal Place of Business 1741 MIZELL AVENUE WINTER PARK, FL 32789 US		Mailing Address 1741 MIZELL AVENUE WINTER PARK, FL 32789 US	
2. Principal Place of Business 1741 Mizell Ave Suite, Apt. #, etc. as above		3. Mailing Address as above Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0547908		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINZON, YVETTE 1474 MIZELL AVENUE WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code	
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. Yvette Pinzon 3/18/03 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when retaining)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINZON, YVETTE 966 STARLING DRIVE CELEBRATION, FL 34747 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Yvette Pinzon 1741 Mizell Avenue Winter Park, FL 32789 ☒ 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
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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 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 exceptions.			
SIGNATURE: Yvette Pinzon SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/18/03 407 539 0472 Date Daytime Phone #	

90061568



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)