

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

0094425 AV

DOCUMENT # P96000009319

1. Entity Name

GRAND CENTRAL DISTRIBUTORS, INC.



Principal Place of Business

670 CHERRY ST
WINTER PARK FL 32789
US

Mailing Address

670 CHERRY ST
WINTER PARK FL 32789
US

2. Principal Place of Business

6753 Kingspointe Pkwy
Suite, Apt. #, etc.
Suite 112
City & State
ORLANDO FL
Zip
32819
Country
ORANGE

3. Mailing Address

6753 Kingspointe Pkwy
Suite, Apt. #, etc.
Suite 112
City & State
ORLANDO FL
Zip
32819
Country
ORANGE



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3356706

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AGRESTA, CONSTABLE
670 CHERRY ST
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name
AGRESTA, Constable
Street Address (P.O. Box Number is Not Acceptable)
6753 Kingspointe Pkwy
Suite 112
City
ORLANDO FL Zip Code
32819

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 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	P	<input type="checkbox"/> Delete
NAME	AGRESTA, CONSTABLE	
STREET ADDRESS	6000 PARK VIEW POINT	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 line empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-03

Date

407-351767

Daytime Phone #

CR2E034 (10/02)