

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080328

1. Entity Name
GRTP, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90002 033 ***158.75

Principal Place of Business
1101 NORTH LAKE DESTINY DRIVE #400
MAITLAND FL 32751

Mailing Address
1101 NORTH LAKE DESTINY DRIVE #400
MAITLAND FL 32751-7119

948033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
474 S. North Lake Blvd.
Suite, Apt. #, etc.
Suite 1020
City & State
Altamonte Springs, FL
Zip
32701
Country
US

3. Mailing Address
2221 Lee Road
Suite, Apt. #, etc.
Suite 28
City & State
Winter Park, FL
Zip
32789
Country
US

4. FEI Number 59-3470131
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DELGUIDICE, CHRISTOPHER
1101 NORTH LAKE DESTINY DRIVE #400
MAITLAND FL 32751

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
474 S. North Lake Blvd
Suite 1020
City
Altamonte Springs FL Zip Code
32701

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 _____ (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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 DELGUIDICE, CHRISTOPHER 1101 NORTH LAKE DESTINY DRIVE #400 MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LECCSE, SALVADOR F 2221 LEE RD SUITE 28 WINTER PARK FL 32789	<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	P 474 S. North Lake Blvd, Suite 1020 Altamonte Springs, FL 32701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S	<input type="checkbox"/> Change <input checked="" 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 another, or as empowered.

SIGNATURE: Christopher Delguidice GRTP, INC. 1/07/00 321-207-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #