

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094461

1. Entity Name

GRAND BLVD. ENTERPRISES, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90037 036 ***150.00

Principal Place of Business
2110 DREW STREET
CLEARWATER FL 33765

Mailing Address
2110 DREW STREET
CLEARWATER FL 33765

00004566



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5544 Riverglade
Suite, Apt. #, etc.
1-22
City & State
Port Richey, FL
Zip
34668
Country
USA

3. Mailing Address
4553 Grand Blvd
Suite, Apt. #, etc.
Ste 203
City & State
New Port Richey, FL
Zip
34652
Country
USA

4. FEI Number 59-3475719
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MAKRIS, PETER
2110 DREW STREET
CLEARWATER FL 33765

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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	P	<input type="checkbox"/> Delete
NAME	MAKRIS, PETER	
STREET ADDRESS	2110 DREW STREET	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	S	<input type="checkbox"/> Delete
NAME	TSOLKAS, ILIAS	
STREET ADDRESS	1053 FAWN COURT	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)