

AMENDED!

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

FILED

03 MAY 16 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000094461

1. Entity Name

GRAND BLVD ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5544 RIVERGULF PT

3. Mailing Address
7804 GRAND BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PORT RICHEY, FL 34668

City & State
PORT RICHEY, FL

4. FEI Number
59-3475719

Applied For
Not Applicable

Zip Country

Zip Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
NICK MAKRRIS

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

7804 GRAND BLVD

City PORT RICHEY, FL Zip Code
34668

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]

4/30/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT MAKRIS, NICK 7804 GRAND BLVD PORT RICHEY, FL 34668 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500020418785 06/03/03-01018-014 **61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY TSOLKAS, ILIAS 105 FAWN CT OLDSMAR, FL 34677 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

NICK MAKRRIS
PRESIDENT

4/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2034B (12/02)

B