

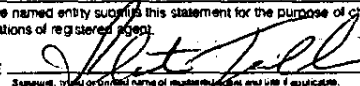
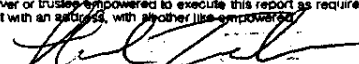
AMENDED UBR

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P97000094461					
1. Entity Name GRAND BLVD. ENTERPRISES, INC.					
Principal Place of Business 5544 RIVERGULF PT PORT RICHEY, FL 34668			Mailing Address 7804 GRAND BLVD. PORT RICHEY, FL 34668		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 58-3475719				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAKRIS, NICK 7804 GRAND BLVD. PORT RICHEY, FL 34668				7. Name and Address of New Registered Agent Name: ILIAS TSOLKAS Street Address (P.O. Box Number is Not Acceptable): 7804 GRAND BLVD City: PORT RICHEY FL Zip Code: 34668	
A. 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:  DATE: 8/25/03					
FILING FEE: \$150.00 After May 1, 2003 Filing Fee will be \$550.00 Amended UBR Fee \$25.00 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	P	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	MAKRIS, NICK		NAME		
STREET ADDRESS	7804 GRAND BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	ILIAS, TSOLKAS		NAME	PRESIDENT	
STREET ADDRESS	105 FAWN COURT		STREET ADDRESS	ILIAS TSOLKAS	
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP	1053 FAWN CT	
				OLDSMAR, FL 34677	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(1), 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 another like empowered.					
SIGNATURE:  DATE: 8/25/03					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (1/0/02)

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9/19/03