

# 2002 UNIFORM BUSINESS REPORT (UBR)

0088648 AV

DOCUMENT # **P98000056616**

1. Entity Name

**GREV, INC.**

FILED

02 MAY 13 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**474 S. NORTH LAKE BLVD  
STE 1020  
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**2221 LEE RD  
STE 28  
WINTER PARK FL 32789**

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

**59-3523342**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELGUIDICE, CHRISTOPHER  
474 S. NORTH LAKE BLVD  
STE 1020  
ALTAMONTE SPRINGS FL 32701**

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, 2002 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

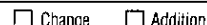
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
LECCese, SALVADOR F  
2221 LEE RD.- STE 28  
WINTER PARK FL 32789**



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**200005502242--8  
05/10/02--01031--005  
\*\*\*\*476.25 \*\*\*\*158.75**



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
DELGUIDICE, CHRISTOPHER  
474 S. NORTH LAKE BLVD- STE 1020  
ALTAMONTE SPRINGS FL 32701**



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
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CITY-ST-ZIP



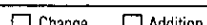
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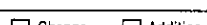
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 REQUIRED Salvador F. Leccese 4-15-02 407-645-5575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)