

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90148 025 ***150.00

DOCUMENT # P98000103855

1. Entity Name
G R L & SONS ENTERPRISES, INC.



Principal Place of Business
**4205 MARINER BLVD
SPRING HILL FL 34609**

Mailing Address
**4205 MARINER BLVD
SPRING HILL FL 34609**



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 **59-3548179**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ITWARU, GANGA R
11288 RAINBOW WOODS LOOP
SPRING HILL FL 24609**

Name **ITWARU - GANGA - R.**
Street Address (P.O. Box Number is Not Acceptable)
12382 ELGIN BLVD
City **SPRING HILL** FL Zip Code **34609**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 ☐ Delete
NAME **PSD**
STREET ADDRESS **ITWARU, GANGA**
CITY-ST-ZIP **11288 RAINBOW WOODS LOOP
SPRING HILL FL 24609**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **12382 ELGIN BLVD**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Delete
NAME **VPTD**
STREET ADDRESS **ITWARU, LILOUTEE**
CITY-ST-ZIP **11288 RAINBOW WOODS LOOP
SPRING HILL FL 24609**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **12382 ELGIN BLVD**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.24.03 (352) 683-7081
Date Daytime Phone #

CR2E034 (10/02)