

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000002046**1. Entity Name  
GRAND ENTRIES INC.

|  |  |
|--|--|
| Principal Place of Business<br>3371 S.W. MCMULLEN ST.<br><br>PORT SAINT LUCIE FL 34953 | Mailing Address<br>3371 S.W. MCMULLEN ST.<br><br>PORT SAINT LUCIE FL 34953 |
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|   |  |
|---|--|
| 2. Principal Place of Business<br>2333 SE RICH ST | 3. Mailing Address<br>2333 SE RICH ST. |
|---|--|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

DO NOT WRITE IN THIS SPACE

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| City & State<br>PORT SAINT LUCIE FL | City & State<br>PORT SAINT LUCIE FL |
|-------------------------------------|-------------------------------------|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0895628</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|              |         |              |         |
|--------------|---------|--------------|---------|
| Zip<br>34984 | Country | Zip<br>34984 | Country |
|--------------|---------|--------------|---------|

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**WALTON JAMES G  
3371 S.W. MCMULLEN ST.PORT SAINT LUCIE FL  
34953Name  
WALTON JAMES G  
Street Address (P.O. Box Number is Not Acceptable)  
2333 S.E. RICH ST.City  
PORT SAINT LUCIE FL Zip Code  
34984

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 \_\_\_\_\_ **02/28/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>WALTON PATRICIA D<br>3371 SW MCMULLEN ST<br>PORT SAINT LUCIE FL 34953 | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>WALTON PATRICIA D<br>2333 SE RICH ST<br>PORT SAINT LUCIE FL 34984 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>WALTON JAMES G<br>3371 SW MCMULLEN ST<br>PORT SAINT LUCIE FL 39953 | <input type="checkbox"/> Delete |
|--|---|---------------------------------|

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>WALTON JAMES G<br>2333 SE RICH ST<br>PORT SAINT LUCIE FL 39984 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|---|--|

|  |  |                                 |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:** James Walton

p

02/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)