

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S78686

1. Entity Name

GRAND CENTRAL COMMERCIAL REAL ESTATE, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90110 035 \*\*\*150.00

Principal Place of Business

Mailing Address

324 HYDE PARK AVE.  
SUITE 215  
TAMPA FL 33606  
US

P. O. BOX 2601  
TAMPA FL 33601-2601  
US

2. Principal Place of Business

2701 W. Busch Blvd.

3. Mailing Address

2701 W. Busch Blvd.

Suite, Apt. #, etc.

Suite 118

Suite, Apt. #, etc.

Suite 118

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3077556

Applied For

Not Applicable

Zip

33618

Country

USA

Zip

33618

Country

USA

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

GIUNTA, EDWARD F II  
3010 SAMARA DR  
TAMPA FL 33618

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, 2000 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  
DP  
GIUNTA, EDWARD F., II  
3010 SAMARA DR  
TAMPA FL 33618 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
GIUNTA, SUZAN E  
3320 PICWOOD RD  
TAMPA FL 33618 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DTS  
WILSON, KAREN G.  
10104 HAMPTON PLACE  
TAMPA FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Guinta, Stacy L  
1719 Brookhaven Circle  
Atlanta, GA 30319 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Williams, Angela G  
2513 Colleen Drive  
Tallahassee, FL 32303 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward F. Guinta, II

Date

3-1-00

(813)915-0444

Daytime Phone #

CR2E034 (9/99)