

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90098 007 ***150.00

DOCUMENT # S78686

1. Entity Name
GRAND CENTRAL COMMERCIAL REAL ESTATE, INC.



Principal Place of Business
**101 E. KENNEDY BLVD., SUITE 4000
TAMPA FL 33602**

Mailing Address
**101 E. KENNEDY BLVD., SUITE 4000
TAMPA FL 33602**



2. Principal Place of Business
4905 W. Laurel Street

3. Mailing Address
4905 W. Laurel Street

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-3077556

Applied For
Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip
33607

Country
Hillsborough

Zip
33607

Country
Hillsborough

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BOGGS, E. JACKSON
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard E. Giunta*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-03

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GIUNTA, EDWARD F., II
11327 CARROLLWOOD DRIVE
TAMPA FL 33618**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/T/S/P

☐ 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
33618

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GIUNTA, STACY L
1719 BROOKHAVEN CIRCLE
ATLANTA GA 30319**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**214 W. 96th Street
New York, NY 10025**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, ANGELA G
4770 HEDGEWOOD DRIVE
TALLAHASSEE FL 32308**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
32309

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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

☐ Change ☐ Addition

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: *Richard E. Giunta*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03

Date

Daytime Phone #

CR25034 (10/02)