

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90012 032 ***158.75

0018479 AB

DOCUMENT # F98000004817

1. Entity Name
GRAN QUARTZ TRADING, INC.

Principal Place of Business
**4963 S. ROYAL ATLANTA DR
 TUCKER GA 30084**

Mailing Address
**P.O. BOX 2206
 TUCKER GA 30085-2206**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
58-1113893

Applied For
 Not Applicable

Zip Country

Zip 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

**SCOPE, MARK
 2280 NW 30TH PLACE
 POMPANO BEACH FL 33069**

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	PD	<input type="checkbox"/> Delete
NAME	DEKOK, PETER T	
STREET ADDRESS	1110 LONGWOOD TRACE	
CITY-ST-ZIP	ATLANTA GA 30324	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETRI, HANS	
STREET ADDRESS	1110 LONGWOOD TRACE	
CITY-ST-ZIP	ATLANTA GA 30324	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DURHAM, C.M.	
STREET ADDRESS	2390 INVERWOOD DR	
CITY-ST-ZIP	ACWORTH GA 30101	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] **SIGNATURE REQUIRED** *[Signature]* **4/25/02** **770-621-5221**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)