

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 478082**

1. Entity Name

**HARGRAVE EQUITIES, INC.**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 13 PM 4:37

113301

Principal Place of Business 1370 DON MILLS RD. #210 DON MILLS, ONT. CANADA M3B- 3N7	Mailing Address 1370 DON MILLS RD. #210 DON MILLS, ONT. CANADA M3B- 3N7
--	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

M3B 3N7

4. FEI Number **59-1673641**

Applied For

Not Applicable

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET SUITE 105  
TALLAHASSEE FL 32301

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, 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 NAME STREET ADDRESS CITY-ST- ZIP	T VERES, CATHARINE T 23 HATHERTON CRES NORTH YORK ON M3A1P	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD TAYLOR, DAVID H 7 CONCORD PLACE, #709 NORTH YORK ON M3C- 3M4	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	7 Concord Place, # 3102 North York ON M3C 3N4	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD TAYLOR, WM. 12 SOUTHILL DR. DON MILLS, ONT CAN M3C 2H7	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	TAYLOR, WILLIAM H.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP TAYLOR, DOUGLAS W 238 FAIRLAWN AVENUE TORONTO ON M5M1T	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP ELLIOTT, LINDSAY A R. R. #2 ALTON ON L0 1A0	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

WILLIAM H. TAYLOR, PRESIDENT

SIGNATURE:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb-06/01 (416)449-3701

Date

Daytime Phone #

CR2E034 (10/00)