

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90538 023 \*\*\*150.00

**DOCUMENT # 608786**

1. Entity Name  
**GREENLILL FLORIDA, INC.**



Principal Place of Business

**238 DAVENPORT RD  
#370  
TORONTO, ONTARIO M5R 1J6  
CA**

Mailing Address

**238 DAVENPORT RD  
#370  
TORONTO, ONTARIO M5R 1J6  
CA**

2. Principal Place of Business

**33 HAZELTON AVENUE**

3. Mailing Address

**33 HAZELTON AVENUE**

Suite, Apt. #, etc.

**# 370**

Suite, Apt. #, etc.

**# 370**

City & State

**TORONTO**

City & State

**TORONTO**

4. FEI Number

**59-1931015**

Applied For

Not Applicable

Zip

**M5R-2E3**

Country

**ONTARIO**

Zip

**M5R-2E3**

Country

**ONTARIO**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ATTEBURY, WILLIAM W III  
321 ROYAL POINCIANA PLAZA  
SUITE 1100  
PALM BEACH, FL 33480**

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

*Dorothy Ross*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*Jan 20/03*

**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROSS, DOROTHY</b>	
STREET ADDRESS	<b>238 DAVENPORT RD #370</b>	<b>33 HAZELTON AVE</b>
CITY-ST-ZIP	<b>TORONTO, ONTARIO M5R 1J6</b>	<b># 370 TORONTO M5R-2E3</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

**SIGNATURE REQUIRED**

*Dorothy Ross*

*Jan 20/03*

*416-925-3591*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)