2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90223 024 ***150.00

DOCUMENT # F 18895 (5)

1. Entity Name
GRAHAM BALL & ASSOCIATES INC.

Principal Place of Business — Mailing Address
C/O JEFFREY P. WIELAND
200 SOUTH ORANGE AVE
SUITE 2600 P.O.BOX 1526
ORLANDO, FLORIDA 32801

000000025

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	10, DALEGARTH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State BOLTON.
Zip / Country	Zip BL1 5DW / Country ENGLAND

4. FEI Number 59-2090599 ☐ 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
WIELAND JEFFREY P.	Name
200 SOUTH ORANGE AVE.	Street Address (P.O. Box Number is Not Acceptable)
SUITE 2600 P.O. BOX 1526	
ORLANDO. FLORIDA 32801	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	PSTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BALL GRAHAM	NAME	
STREET ADDRESS	10, DALEGARTH AVE	STREET ADDRESS	
CITY-ST-ZIP	BOLTON ENGLAND.	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RILEY DAVID G	NAME	
STREET ADDRESS	47 BRADSHAWGATE	STREET ADDRESS	
CITY-ST-ZIP	BOLTON, ENGLAND	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Graham Ball (President) 3/21/01 011 44 1204 843960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #