

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90123 012 ***150.00

NI 69010/0

DOCUMENT # F18895

1. Entity Name
GRAHAM BALL & ASSOCIATES, INC.



Principal Place of Business
**C/O JEFFREY P. WIELAND
200 SOUTH ORANGE AVE. STE 2600 PO 1526
ORLANDO FL 32801
US**

Mailing Address
**10 DALEGARTH AVE
BOLTON, ENGLAND BL1- 5DW**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

200 WIELAND, JEFFREY P.

3. Mailing Address

Suite, Apt. #, etc.
255 SOUTH ORANGE AVE Suite 1700

City & State
ORLANDO FLA. 32801 - 3483

4. FEI Number **59-2090599** Applied For
Not Applicable

Zip **32801** Country **USA.**

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

6. Name and Address of Current Registered Agent

**WIELAND, JEFFREY P
200 SOUTH ORANGE AVE
STE 2600 PO BOX 1526
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **WIELAND, JEFFREY P.**
Street Address (P.O. Box Number is Not Acceptable)
**255 SOUTH ORANGE AVE. Suite 1700
ORLANDO FLA. 32801-3483**
City **ORLANDO** FL Zip Code **32801**

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 (address change only) DATE **1/17/03**

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PSTD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	BALL, GRAHAM	FAIRHOLME DALGARTH AVE	BOLTON, U.K.	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	V			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	RILEY, DAVID G.	47 BRADSHAWGATE	BOLTON, U.K.	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **GRAHAM BALL** DATE **1/17/03** **President.** DAYTIME PHONE #

CR2E034 (10/02)