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

## **DOCUMENT # G66507**

GREYPALM INVESTMENTS OF FLORIDA, INC.

Principal Place of Business Mailing Address 1311 SOUTH VINELAND ROAD 1311 SOUTH VINELAND ROAD WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2372093 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Éee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBB, PAMELA M. Street Address (P.O. Box Number is Not Acceptable) 1311 SOUTH VINELAND ROAD WINTER GARDEN FL 34787 City Zin 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change Addition PALMER, PAUL H NAME NAME 1 CHEDINGTON PLACE SUITE 4B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH YORK ON M4-N3R4 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY - ST - ZIP □ Delete TITEE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 w other like empowered

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

Feb 15, 2001 (416) 484-6703

☐ Change

Change

Addition

Addition

Feb 28, 2001 8:00 am

Secretary of State

02-28-2001 90085 047 \*\*\*150.00