

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90004 002 \*\*\*150.00

**DOCUMENT # P00000103696**

1. Entity Name

**NORSTEAD BUILDING SUPPLIES INC.**

Principal Place of Business

**10860 EGRET POINT LANE  
 WEST PALM BEACH FL 33412**

Mailing Address

**10860 EGRET POINT LANE  
 WEST PALM BEACH FL 33412**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**c/o 501 Arvin Avenue**

Suite, Apt. #, etc.

City & State

**Stoney Creek, Ontario**

Zip

**L8E 2N1**

Country

**Canada**

4. FEI Number

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

**HRAWG CORP.  
 2000 GLADES ROAD  
 SUITE 400  
 BOCA RATON FL 33431**

Name **HRAWG CORP.**

Street Address (P.O. Box Number is Not Acceptable)

**1801 N. MILITARY TRAIL, SUITE 200**

City **BOCA RATON**

**FL**

Zip Code **33431**

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 ☐ Delete  
 NAME **P/S/T/D**  
 STREET ADDRESS **DONALD HARRISON SNIVELY**  
 CITY-ST-ZIP **501 ARVIN AVENUE**  
**STONEY CREEK, ONTARIO L8E 2N1 CANADA**

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 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 with an address, with all other like empowered.

SIGNATURE:

**DONALD HARRISON SNIVELY**

**April 30, 2001**

**(905)662-7343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

549400



DO NOT WRITE IN THIS SPACE