

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90122 016 \*\*\*150.00

DOCUMENT # P98000024637

1. Entity Name

GRANBY TRADING COMPANY, INC.

Principal Place of Business

Mailing Address

~~4800 TROUBLE CREEK ROAD~~  
 NEW PORT RICHEY FL 34652

~~4800 TROUBLE CREEK ROAD~~  
 NEW PORT RICHEY FL 34683

2. Principal Place of Business

1803 LENNOX RD. EAST

3. Mailing Address

1803 LENNOX RD. EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 PALM HARBOR, FL

City & State  
 PALM HARBOR, FL

4. FEI Number 59-3500956

Applied For  
 Not Applicable

Zip 34683

Country USA

Zip 34683

Country USA

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

~~LECOQ, PETER G.A.~~  
~~4800 TROUBLE CREEK ROAD~~  
~~NEW PORT RICHEY FL 34652~~

Name PETER G.A. LECOQ

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

1803 LENNOX RD. EAST

City PALM HARBOR FL Zip Code 34683

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

*Peter Lecoq (Pres.)*

03/15/00

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, 2000 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 ~~DST~~  Delete  
 NAME FEIST, LAWRENCE J  
 STREET ADDRESS 5049 GLENN DRIVE  
 CITY-ST-ZIP NEWPORT RICHEY FL 34652

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DP  Delete  
 NAME LECOQ, PETER G.A.  
 STREET ADDRESS ~~4800 TROUBLE CREEK ROAD~~  
 CITY-ST-ZIP ~~NEW PORT RICHEY FL 34652~~

TITLE DP  Change  Addition  
 NAME PETER G.A. LECOQ  
 STREET ADDRESS 1803 LENNOX RD. EAST  
 CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Peter Lecoq (Pres.)* 03/15/00 727-937-4617

CR2E034 (9/99)