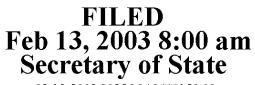
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



DOCUMENT # P98000024637 1. Entity Name GRANBY TRADING COMPANY, INC.					02-13-2003 90256 046 ***150.00		
Principal Place of Business 1803 LENNOX RD EAST PALM HARBOR FL 34683		Mailing Address 1803 LENNOX RD EAST PALM HARBOR FL 34683					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 59-3500956 Applied For Not Applicable		
Zip Country		Zip Coun		try	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		
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LECOQ, PETER G.A. 1803 LENNOX RD EAST				Street Address	(P.O. Box Number is Not Acceptable)		
	BOR FL 34683						
	The state of the s			City	FL Zip Code ered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATUREFI	Signature, typed or printed passed registered good LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of)	C.A	ed Agent signature require	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10.	OFFICERS ANI		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	6	
NAME STREET ADDRESS	DP LECOQ, PETER G.A. 1803 LENNOX RD EAST PALM HARBOR FL 34683	☐ Delete Tif NA ST				CR2F034 (10/02)	
TITLE NAME STREET ADDRESS	77.54			LE ME REET ADDRESS 'Y-ST-ZIP	☐ Change ☐ Addition	G.	
TITLE NAME STREET ADDRESS	Delete		TIT ~= ~NA STI	LE ME = = = = = = = = = = = = = = = = = = =	☐ Change ☐ Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	TIT NA ST	ILE IME REET ADDRESS TY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS		☐ Delete	NA ST	TLE AME REET ADDRESS TY-ST-ZIP	☐ Change ☐ Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TI N/ ST	TLE AME TREET ADDRESS ITY-ST-ZIP	Change Addition Change Addition		

12. I hereby dertify that the information supplied with this filling 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 refleiver of trustee expowered 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:

SIGNATO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR