

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90006 017 ***550.00

DOCUMENT # P98000080981

1. Entity Name

GREYHOUND COMMERCE PARK, INC.

Principal Place of Business

Mailing Address

87 LAKE ST.

3838 TAMiami TRAIL, SUITE 402

3838 TAMiami TRAIL, SUITE 402

NAPLES FL 34103

NAPLES FL 34103

2640 GOLDEN GATE PKWY

GRIMSBY

ONTARIO

SUITE 115

CANADA

L3M 2G6

2. Principal Place of Business

3. Mailing Address

2640 GOLDEN GATE PKWY

87 LAKE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 115

City & State

City & State

NAPLES FLORIDA

GRIMSBY ONTARIO

Zip

Country

Zip

Country

34105

U.S.A.

L3M 2G6

CANADA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONROY, THOMAS J III

3838 TAMiami TRAIL NORTH, SUITE 402

NAPLES FL 34103

2640 GOLDEN GATE

PKWY

SUITE 115

NAPLES FLA 34105

Name

CONROY THOMAS J III

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

3838 TAMiami TRAIL NORTH

2640 GOLDEN GATE PKWY

SUITE 115

City

NAPLES

FL

Zip Code

34105

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	VSD ZMENAK, CAROLE 3838 TAMiami TRAIL, SUITE 402 NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZMENAK, EMIL 3838 TAMiami TRAIL, SUITE 402 NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ZMENAK CAROLE 87 LAKE ST GRIMSBY ONTARIO CANADA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZMENAK EMIL 87 LAKE ST GRIMSBY ONTARIO CANADA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED ZMENAK VSD JULY 19/02 905-945-9050

CR2E034 (4/02)

Attachment

675884

79800080981

July 19

I MISTAKENLY MADE
CHANGES IN BLOCK 11

ONLY ADDRESS'S CHANGE
OFFICERS REMAIN THE
SAME.

Larab Zmesak