

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

**DOCUMENT # P99000042598**

**1. Entity Name**  
**GRAIN IT TECHNOLOGIES INC.**

06-14-2001 90010 028 \*\*\*150.00  
 07-18-2001 90002 007 \*\*\*400.00

**Principal Place of Business**  
**528 AVE. C. S.E.**  
**WINTER HAVEN FL 33880**

**Mailing Address**  
**528 AVE. C. S.E.**  
**WINTER HAVEN FL 33880**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**59-3576388**

Applied For  
 Not Applicable

Zip Country

Zip Country

**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**

**WESTLAKE, EDWARD E**  
**2201 W. PILAKLAHA AVE.**  
**AUBUNDALE FL 33823**

Name

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

City

**FL**

Zip 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**

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 12, 2001 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**

**PST**  
**WESTLAKE, EDWARD**  
**2201 W. PILAKUAHA AVE.**  
**AUBURNDAL FL 33823**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

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**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:** *Edward E. Westlake* **EDWARD E. WESTLAKE** 7-3-01 863-399-4494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)



# Woodgrain Restoration

A0078044



by

Grain-It Technologies, Inc. — Using Factory Original Process

Attachment  
#P99000042598

DEPT. OF. STATE,

WE LOST ORIG. FORM. MAILED INTERNET  
FORM 6-6-01 W/CHECK FOR \$150.00

pd \$150.00 CK # 1831 6-6-01  
CLEARED OUR BANK ON 6-19-01

WE ARE INCLUDING \$400.00 LATE FEE  
WITH THIS FORM, BRINGING THE  
GRAND TOTAL PAID TO \$550.00

Edward Westlake