

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90070 045 \*\*\*150.00

**DOCUMENT # P99000054105**

1. Entity Name  
**GREY OAKS ENTERPRISES, INC.**



Principal Place of Business  
**1515 S. TAMiami TRAIL  
SUITE 6A  
VENICE FL 34292**

Mailing Address  
**1515 S. TAMiami TRAIL  
SUITE 6A  
VENICE FL 34292**



2. Principal Place of Business

3. Mailing Address

**1525 S. TAMiami TRAIL**

**1525 S. TAMiami TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 603**

**SUITE 603**

City & State

City & State

**VENICE FL**

**VENICE FL**

Zip

**34292**

Country

**FLORIDA**

Zip

**34292**

Country

**FLORIDA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0930094**

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

**CODVILLE, BRUCE H  
1515 S. TAMiami TRAIL  
SUITE 6A  
VENICE FL 34292**

Name

**CODVILLE, BRUCE H.**

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

**1525 SOUTH TAMiami TRAIL, SUITE 603**

City

**VENICE**

FL

Zip Code

**34292**

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

*Bruce H Codville*

**BRUCE H CODVILLE AGENT**

**MARCH 18/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CODVILLE, DONALD C**  
CITY-ST-ZIP **587 BEACHVIEW DRIVE, NORTH VANCOUVER, BC V7G 1P8 CANADA**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CODVILLE, DELORES V**  
CITY-ST-ZIP **587 BEACHVIEW DRIVE, NORTH VANCOUVER, BC V7G 1P8 CANADA**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE OF DONALD C. CODVILLE*

Date

**MAR 18/03**

Daytime Phone #

**604-929-3650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)