

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081320

1. Entity Name  
GRANITE FINANCIAL HOLDING CORPORATION



**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90210 042 \*\*\*150.00

0424266  
AV

Principal Place of Business  
7318 LAKE WORTH RD  
1194  
LAKE WORTH FL 33467

Mailing Address  
7318 LAKE WORTH RD  
1194  
LAKE WORTH FL 33467

2. Principal Place of Business  
7765 LAKE WORTH RD  
Suite, Apt. #, etc.  
PMB 316  
City & State  
LAKE WORTH FL  
Zip  
33467 Country  
PALM BEACH

3. Mailing Address  
7765 LAKE WORTH RD  
Suite, Apt. #, etc.  
PMB 316  
City & State  
LAKE WORTH FL  
Zip  
33467 Country  
PALM BEACH



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0945708 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
RATFIELD, LOUIS W  
7318 LAKE WORTH RD, STE 1194  
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent  
Name  
LOUIS W. RATFIELD  
Street Address (P.O. Box Number is Not Acceptable)  
7765 LAKE WORTH RD, PMB 316  
City  
LAKE WORTH FL Zip Code  
33467

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 *Louis W. Ratfield* DATE 4.16.03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P RATFIELD, LOUIS W 7318 LAKE WORTH RD, STE 1194 LAKE WORTH FL 33467	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LOUIS W. RATFIELD 7765 LAKE WORTH RD, PMB 316 LAKE WORTH, FL 33467
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Louis W. Ratfield* DATE 4.16.03 DAYTIME PHONE # 561.957.5772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)