2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S21848 **DOCUMENT #**



FILED Feb 14, 2003 8:00 am Secretary of State

1. Entity Name THE GRANBY COMPANY								02-14-2003	90209 048 ***1	50.00	
27 MAUI CIRCLE NAPLES FL 34112 22				iling Address IOHNSON, DOWE & BROWN, LLC ELM ST INDSOR CT 06095							
2. Principal Place of Business 332 Bay Villas Lane				Mailing Address							
Suite, Apt. #	, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES A FEL Number TO 2044074 Applied For				
City & State Naples, FL				City & State			4. FE	59-3044974		Not Applicable	
Zip 34108	Country Z			Country			5. Certificate of Status Desired				
6. Name and Address of Current Regi				ed Agent			7. Na	7. Name and Address of New Registered Agent			
						Name				. '-	
	ORATION :			Street Address (dress (P.O. Bo	P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324											
PLANIAIN		City				FL Zip C	ode				
The above named entity submits this statement for the purpose of changing its reg											
8. The above the obligation	named entity ions of regist	submits this state ered agent.	ement for the purp	ose of changing its	registere	ed office or r	egistered age	int, or both, in the State of Fic	rioa. Tantianilla v	11, 61, 41	
SIGNATURE _	Signature typed	or printed name of regist	ered agent and title if app	licable. (NOTE	: Registerer	d Agent signatur	e required when rei	nstating)	DATE		
		! FEE IS \$150					-	9. Election Campaign Fir	nancing \$!	5.00 May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of S				•				Trust Fund Contribution. Added to Fees			
. 10.			RS AND DIRECTO	PRS	11.			DITIONS/CHANGES TO OFF			
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12. Thereby certify 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 receiver of 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: 1

EREQUIRDEXE F. Hawks SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-63

860-688-6060

Daytime Phone #