2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$58656

1. Entity Name

GREYFRIAR CAPITAL CORPORATION



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90082 022 ***150.00

Principal Place	e of Business	Mailing Address	iling Address						
11260 OLD HARBOUR ROAD		11260 OLD HARBOUR ROAL	D						
N. PALM BCH	FL 33408	N. PALM BCH FL 33408							
US		US							
2. Principal Place of Business		3. Mailing Address		1 100110	ið iði bliði íðlið diiðt dilitt	B) B (0 0 1 1	,,411 B;811 B(1		
,	Place of Business #, etc. Country 6. Name and Address of Current JOSE H M D HARBOUR RD. BCH FL 33408 e named entity submits this statement of ations of registered agent. Signature, typed or printed name of registered ager FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 ex Payable to Florida Department of Company 1, 2003 Fee will be \$550.00 ex Payable to Florida Department of Company 1, 2003 Fee will be \$550.00 ex Payable to Florida Department of Company 1, 2003 Fee will be \$550.00 ex Payable to Florida Department of Company 1, 2003 Fee will be \$550.00 ex Payable to Florida Department of Company 1, 2003 Fee will be \$550.00 ex Payable to Florida Department of Company 1, 2004 Fee will be \$550.00 OFFICERS AND OFFICE								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MA	AKING C	HANGES:	سعم يحبي ت	
	•	 	<u> </u>					B. J. Fran	
City & Stat	e	City & State		4. FEI Numbe	65-0268557			plied For	
					00 0200001			t Applicable	
Zip	Country	Zip	Country	5 Certificate	of Status Desired		3.75 Add		
						- Fe	e Required	1	
	6. Name and Address of Current R	egistered Agent		7. Name and	Address of New Regist	tered Ag	ent		
	-		Name						
HICKEY, JOSEPH M			Ob	Street Address (P.O. Box Number is Not Acceptable)					
	4.7		Street Addres	S (F.O. DOX NUMBE	st is tant vincehtanie)				
					<u> </u>	•			
n. Palm i	33408								
	<u>.</u>		City			FL	Zip Code	9	
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8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or regis	stered agent, or bu	in, in the state of Florida.	(all) lai	illia: iiiai,	ana accopt	
the obligat	tions of registered agent.								
SIGNATURE	$\widetilde{\omega_i}$								
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)		DATE			
								_	
F	ILE NOW!!! FEE IS \$150.00				ection Campaign Financi			May Be	
Ane	r May 1, 2003 Fee Will de \$550.00 k Devemble to Florida Department of '	State		Tr	ust Fund Contribution.	L	Added	I to Fees	
			11.	ADDITIONS	/CHANGES TO OFFICEF	RS AND D	IRECTOR	S IN 11	
10.		,		ADDITIONS	7011741025 10 0111021		Change	Addition	
TITLE		☐ Delete	TITLE			L	onango		
NAME	HICKEY, JOSEPH M		NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	NORTH PALM BEACH FL		CITY-ST-ZIP					P****	
TITLE		☐ Delete	TITLE			L	Change	Addition	
NAME	,		NAME						
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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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



Delete

1/13/0

561-626-8499

Change

Addition