

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90345 027 \*\*\*150.00

**DOCUMENT # 625619**

1. Entity Name  
**GRANT-ALLAN ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**44 VICTORIA STREET** ~~44 VICTORIA STREET~~  
**THE VICTORIA TOWER 1614** ~~THE VICTORIA TOWER 1614~~  
**TORONTO ONTARIO CANADA M5C1Y-20C** ~~TORONTO ONTARIO CANADA M5C1Y-20C~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address **P.O. Box 2881**  
 Suite, Apt. #, etc.  
 City & State **ST. PETERSBURG, FL**  
 Zip **33731-2881** Country **USA**

4. FEI Number **59-1919043** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BOTOS, MICHAEL E**  
**250 ROYAL PALM WAY**  
**SUITE 300**  
**PALM BEACH FL 33480**

7. Name and Address of New Registered Agent  
 Name **M. TIMOTHY FARRELL**  
 Street Address (P.O. Box Number is Not Acceptable) **100-225 AVENUE SOUTH**  
**Suite 600**  
 City **ST. PETERSBURG** FL Zip Code **33701**

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 *M. Timothy Farrell, CPA* DATE *2/26/01*  
Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	<b>DPST ALLAN, RUSSELL 44 VICTORIA STREET THE VICTORIA TOWER 1614 TORONTO ONTARIO CANADA M5C1Y-20C</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ALLAN, WILLIAM 44 VICTORIA STREET THE VICTORIA TOWER 1614 TORONTO ONTARIO CANADA M5C1Y-20C</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Allan Russell* U/P. Feb 26/2001 1-727-821-6161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)