

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90185 042 ***158.75

DOCUMENT # 539858

1. Entity Name
PLANMAC COMPANY, INC.



Principal Place of Business
**15 NORTH QUEEN STREET.. STE 105
ETOBICOKE ONTARIO
CANADA M8Z 6C1**

Mailing Address
**15 NORTH QUEEN STREET.. STE 105
ETOBICOKE ONTARIO
CANADA M8Z 6C1**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1802852**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CROWELL, GUS
91760 OVERSEAS HWY
TAVERNIER FL 33070**

Name

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

City

FL

Zip Code

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
MAKSYMEC, ROBERT I
165 N QUEEN ST, #201
ETOBICOKE, ONT, CAN M9C -1A7** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**15 North Queen St, #105
Etobicoke, Ont. CAN. M8Z 6C1** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MAKSYMEC, ROMA S.
165 NORTH QUEEN ST. #201
ETOBICOKE, ONT, CAN, M9C 1A7** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**15 North Queen St #105
Etobicoke, Ont. CAN M8Z 6C1** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MAKSYMEC, ALEXANDER M.
165 NORTH QUEEN ST. #201
ETOBICOKE, ONT, CAN, M9C 1A7** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**15 North Queen St, #105
Etobicoke, Ont. CAN. M8Z 6C1** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
U ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 600, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

416-626-5300

CR2E034 (10/02)