

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90176 005 ***150.00

DOCUMENT # 579683

1. Entity Name

CANOE SAFARI, INC.

Principal Place of Business

222 E OAK ST

~~P.O. BOX 1787~~

ARCADIA FL 33821

Mailing Address

~~222 E OAK ST~~

P.O. BOX 1787

ARCADIA FL 33821

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34264

34265

4. FEI Number

59-1871227

Applied For

Not Applicable

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

PARKER, JOHN W. JR.

3378 NW SECOND BUNKER AVE.

ARCADIA FL 33821

Name

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

City

FL

Zip Code

34266

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 ☐ Delete
NAME PARKER, JOHN W. JR.
STREET ADDRESS ~~RT. 2, BOX 311~~
CITY-ST-ZIP ARCADIA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3378 NW Second Bunker Ave.
CITY-ST-ZIP

TITLE ☐ Delete
NAME VSD
STREET ADDRESS PARKER, SUE G.
CITY-ST-ZIP ~~RT. 2, BOX 311~~
ARCADIA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3378 NW Second Bunker Ave.
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Sue G. Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02
Date

(863) 494-2542
Daytime Phone #

CR2E034 (9/01)