

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90350 050 \*\*\*150.00

**DOCUMENT # 854919**

1. Entity Name  
**517351 ONTARIO LIMITED INC.**

Principal Place of Business Mailing Address  
**3015 KENNEDY ROAD P.O. BOX 306**  
**AGINCOURT, ONTARIO M1V 1E7 AGINCOURT, ONTARIO M1S 3C4**

**815101**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**3015 KENNEDY ROAD**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**#103**  
 City & State City & State  
**AGINCOURT ONTARIO**

4. FEI Number **NOT APPLICABLE** 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  
**HOAR, CHARLES VICTOR** Name  
**228 WALTON HEATH DR.** Street Address (P.O. Box Number is Not Acceptable)  
**ATLANTIS FL 33462** 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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>PD</b> <b>HOAR, CHARLES VICTOR</b> <b>228 WALTON HEATH DR</b> <b>ATLANTIS, FL 00000</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	<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: C. V. Hoar **C. V. Hoar** **FEB 20, 2001** **561-964-2126**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)