

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90045 003 ***150.00

OPTIONAL IN

DOCUMENT # P93000052070

1. Entity Name
OLDLAND FLORIDA ENTERPRISES, INC.

| | |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Principal Place of Business 400 MAGOG ROAD NORTH HATLEY, QUEBEC, CANADA JOB-200 OC | Mailing Address 400 MAGOG ROAD NORTH HATLEY, QUEBEC, CANADA JOB-20 OC |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

| | |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 2. Principal Place of Business 68 BALMORAL AVE Suite, Apt. #, etc. | 3. Mailing Address 68 BALMORAL AVE Suite, Apt. #, etc. |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

| | | | |
|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| City & State TORONTO | City & State TORONTO | 4. FEI Number 65-0454739 | Applied For Not Applicable |
| Zip M4V 1J4 | Country CANADA | Zip M4V 1J4 | Country CANADA |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

| | |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent MORRISON, JUDY D CPA 421 PALM AVENUE BOCA GRANDE FL 33921 | 7. Name and Address of New Registered Agent 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.

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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------|-------------|---------------|-----------------------|-------------------|--------------------|----------------------|--------------|------------------------------------------|-------------|----------------|-----------------------|---------|--------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------|-------------|---------------|-----------------------|-----------------|--------------------|------------------------|
| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td>D <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OLDLAND, JOHN</td> </tr> <tr> <td>STREET ADDRESS</td> <td>500 GULF BLVD. #3</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA GRANDE FL 33921</td> </tr> <tr> <td>TITLE</td> <td>D <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OLDLAND, ALICE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>BOX 780</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DERBY LINE VT 05830</td> </tr> </table> | TITLE | D <input type="checkbox"/> Delete | NAME | OLDLAND, JOHN | STREET ADDRESS | 500 GULF BLVD. #3 | CITY-ST-ZIP | BOCA GRANDE FL 33921 | TITLE | D <input type="checkbox"/> Delete | NAME | OLDLAND, ALICE | STREET ADDRESS | BOX 780 | CITY-ST-ZIP | DERBY LINE VT 05830 | <table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>OLDLAND ALICE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>68 BALMORAL AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TORONTO M4V 1J4 CANADA</td> </tr> </table> | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | OLDLAND ALICE | STREET ADDRESS | 68 BALMORAL AVE | CITY-ST-ZIP | TORONTO M4V 1J4 CANADA |
| TITLE | D <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | OLDLAND, JOHN | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 500 GULF BLVD. #3 | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | BOCA GRANDE FL 33921 | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | D <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | OLDLAND, ALICE | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | BOX 780 | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | DERBY LINE VT 05830 | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | OLDLAND ALICE | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 68 BALMORAL AVE | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | TORONTO M4V 1J4 CANADA | | | | | | | | | | | | | | | | | | | | | | | | |

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: _____ **Date** March 4 2002 **Daytime Phone #** 416 921 9231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)