2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
02-21-2002 90057 001 ***150.00

DOCUMENT # S07502

1. Entity Name

TATONE PROPERTIES FLORIDA, INC.

Principal Place of Business	Mailing Address
50 FENNYROSE CRESCENT WOODBRIDGE, ONTARIO CA L4L7B US	50 FENNYROSE CRESCENT WOODBRIDGE, ONTARIO CA L4L7B US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2900 LANGSTAFF ROAD	2900 LANGSTAFF ROAD
Suite, Apt. #, etc. UNIT 18	Suite, Apt. #, etc. UNIT 18
City & State CONCORD ONTARIO	City & State CONCORD ONTARIO
Zip / Country L4K4R9 / CANADA	Zip / Country L4K4R9 / CANADA

4. FEI Number 98-0113567 ☐ 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
MASCARA, ERNEST L CITY CENTRE 12TH FL 100 2ND AVE SOUTH ST PETERSBURG FL 33701	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 _____ DATE
Signature, typed or printed name of registered agent and title 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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D TATONE, EDDIE M 50 FENYROSE CRESCENT WOODBRIGE, ONT. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TATONE, PIA M 50 FENYROSE CRESCENT WOODBRIGE, ONT. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MASCARA, ERNEST L P O BOX 180, N/A ST PETERSBURG FL ☐ 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
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CR2E034 (9/01)

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: _____ FEB 4. 2002 905 660 1293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #