

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 489105

1. Entity Name

CARLTON INVESTMENTS OF FLORIDA, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90105 006 ***150.00

Principal Place of Business

Mailing Address

110 BLOOR STREET WEST
#806
TORONTO, ONTARIO M5S 2W7

110 BLOOR STREET WEST
#806
TORONTO, ONTARIO M5S 2W7

2. Principal Place of Business

3. Mailing Address

15 McMURRICH STREET
Suite, Apt. #, etc.
APT 314

15 McMURRICH STREET
Suite, Apt. #, etc.
APT 314

City & State
TORONTO ONTARIO

City & State
TORONTO ONTARIO

Zip Country
M5R 3M6 CANADA

Zip Country
M5R 3M6 CANADA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2206730

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

CORPORATE ACCESS, INC.
1116-D THOMASVILLE ROAD
MT. VERNAN SQUARE
TALLAHASSEE FL 32303

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

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, 2000 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 | PSD | <input type="checkbox"/> Delete |
| NAME | ROBERTS, CATHY H | |
| STREET ADDRESS | 110 BLOOR STREET WEST, #806 | |
| CITY-ST-ZIP | TORONTO, ONTARIO M5S 2W7 | |
| TITLE | VPTD | <input type="checkbox"/> Delete |
| NAME | ROBERTS, G. CHRISTOPHER | |
| STREET ADDRESS | 110 BLOOR STREET WEST, #806 | |
| CITY-ST-ZIP | TORONTO, ONTARIO M5S 2W7 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 15 McMURRICH STREET, #314 | |
| CITY-ST-ZIP | TORONTO ONTARIO M5R 3M6 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 15 McMURRICH STREET, #314 | |
| CITY-ST-ZIP | TORONTO, ONTARIO M5R 3M6 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 23 / 00 416-922-8148
Date Daytime Phone #

CR2E034 (9/99)