

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000607

1. Entity Name

136401 CANADA INC.

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90026 014 ***150.00

Principal Place of Business

9 WICK CRESCENT
GLOUCESTER, ONT. CANADA K1J -7H1

Mailing Address

P O BOX 46069
2339 OGILICE RD
GLOUCESTER ON K1J-9-7

2. Principal Place of Business

1537 Aline Ave
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ottawa Ontario

City & State

Zip Country

K4A 3Y 7

Canada

4. FEI Number 52-1814359

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUNTON REGISTERED AGENTS INC.
4710 N.W. BOCA RATON BLVD., #101
BOCA RATON FL 33431

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

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, 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

TITLE P
NAME FINLAY, THERESE
STREET ADDRESS 9 WICK CRESCENT
CITY-ST-ZIP GLOUCESTER ON K1J -JH1 ☐ Delete

TITLE S
NAME FINLAY PARENT, DEBORAH
STREET ADDRESS 1356 FALLINGBROOK RIDGE
CITY-ST-ZIP ORLEANS ON K4A -2A8 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

Date

Daytime Phone #

CR2E034 (10/00)