

4/27/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

04-27-2001 90296 049 ***150.00

DOCUMENT # P00000036382

1. Entity Name

HOLGER WEB SERVICES, INC.

Principal Place of Business

322-1 AVE. NE, SUITE 102
CALGARY, AB. T2E0B2

Mailing Address

322-1 AVE. NE, SUITE 102
CALGARY, AB. T2E0B2

2. Principal Place of Business

601 13 Ave NE

3. Mailing Address

601 13 Ave NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Calgary AB

City & State

Calgary AB

Zip

T2E 1C7

Country

Canada

Zip

T2E 1C7

Country

Canada

4. FEI Number

52-2287930

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

COOPER, STEVEN J
4001 SANTA BARBARA BLVD.
NAPLES FL 34104

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 ☐ Delete

NAME *President*
 STREET ADDRESS *Dave Cruckshank*
 CITY-ST-ZIP *601 13 Ave NE*
Calgary, AB T2E 1C7

TITLE ☐ Delete

NAME *Vice President*
 STREET ADDRESS *Alex Cruckshank*
 CITY-ST-ZIP *2165 Hwy 99 North*
Ashland, OR 97520

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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 power duly empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 2001

Date

103-277-9057

Daytime Phone #

CR2E034 (10/00)