## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Aug 24, 2001 8:00 am Secretary of State DOCUMENT # F95000025 811788 Ontario, Inc. 08-24-2001 90002 019 \*\*\*150.00 Principal Place of Business Mailing Address 4101 3116 COLRIGANBR 5900 MIDNIGHT PASS A0082632 MCSSISSAGGA 2443CL ONT CANADA 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUNTON REGISTERED AGENTSINC 4718 NW BICA RATON BIND 101 Street Address (P.O., Box\_Number\_is\_Not\_Acceptable) BACARATON FL33431 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTC RESIDENT Addition CR2E034 (11/00) TITLE TITLE AALRIS ROBERTE MISS DALLASHARRIS 3116 CIRRIGAN DR NAME NAME STREET ADDRESS STREET ADDRESS MISS CANADA L443CL CITY-ST-ZIP ONTARIO CANADA LYY3C6 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY\_ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET, ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

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1. Entity Na (*) 811788, ONTARIO			$\geq$				2			
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Principal Place of Business 5900 MIDNIGHT RD Y101 SIESTA KEY FL		Mailing Address 3116 CORRIGAN DRIVE MISSISSAUGA. ONTARIO CANADA L4Y 3C6				Attachment A0082632				
2. Principal Place of Business '		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	· · · · · · · · · · · · · · · · · · ·	City & State			4. 1	4. FEI Number NOT APPLICABLE Applied For				
Zip	Country	Zip	Coun	try			_ \$8	.75 Add	t Applicable	
	ne and Address of Current	Registered Agent		· · · · · · · · · · · · · · · · · · ·		Certificate of Status Desired  Name and Address of New F	Fee	Required		
O. Hall	and Address of Content	negistered Agent		Name		Table and Address of New /	registered Ager			
	GISTERED AGENTS INC. A RATON BLVD., #101			Street Address (P.O. Box Number is Not Acceptable)						
BOCATRATON						-	<del></del>		<del>-</del>	
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8. The above named en	tity submits this statement fo	or the purpose of changing it	s registere	ed office or re	gistered ag	ent, or both, in the State of Flo				
SIGNATURE	ed or printed name of registered agent	and title if applicable. (NO	TE: Registered	d Agent signature	required when re	einstating)	DATE			
	igible to satisfy its Intangible			<del> </del>	·	1				
Tax filing requirement (See criteria on back	nt and elects to do so.	After MAY 1, 2 Make Check Paya	001 Fee ble to De	will be \$550	0.00 f State	10. Election Campaign Fir Trust Fund Contribution	on. 🗆	Àdded	May Be to Fees	
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indicated un this rep of the corporation or	ort or supplemental report in the receiver or trustee emp	s true and accurate and that owered to execute this repor	my signat t as requir	ure shall have	the same I	119.07(3)(i), Florida Statutes. egal effect as if made under da Statutes; and that my nam	oath: that I am ai	n officer (	or director 1	
changed, or on an a	ttachment with an address,	with all other like empowered	i.	•		ARRIS	101	Phone *		

Attachment # F9500002570

## DO NOT REMOVE!

811788 ONTARIO INC.

3116 CORRIGAN DR. MISSISSAUGA, ONT. L4Y 3C6

July 12, 2001

Uniform Business Report Dkivision of Corporations P.O. Box 1500 Tallahasee, Florida U.S.A. 32302 1500

Gentlemen:

Re: Document F95000002570 811788 Ontario Inc.

I was surprised to receive your request for filing, charging a \$550.00 fee.

Attached please find a copy of my filing cheque #304 in the amount of \$150.00, both are dated April 15, 2001. A check of my bank account indicates that cheque #304 is still uncashed.

I spoke to somebody at phone # 850-245-6059 ext. 2 and they advised me to send the attached supporting documents along with a new cheque in the amount of \$150.00 and my file would be updated.

Please confirm that this has been done.

Regards,

Robert E. Harris.



Affachment Augalo32

## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 3, 2001

811788 ONTARIO INC. 3116 CORRIGAN DRIVE MISSISSAUGA, ONTARIO CANADA|L4Y 3C6, CA

SUBJECT: 811788 ONTARIO INC Ref. Number: F95000002570

We have received your document for 811788 ONTARIO INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The form submitted is not suitable for archiving. Please complete the enclosed form and return to our office.

YOU MUST RETURN YOUR LETTER REQUESTING OUR OFFICE WAIVE THE LATE FEE.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETITER.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton	:	
Document Specialist	Letter Number: 301A00045	5013
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AMENDED COPY ATTACKED