

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90331 040 \*\*\*150.00

**DOCUMENT # F00000005671**  
**1. Entity Name**  
**READ JONES CHRISTOFFERSON LTD. (INCORPORATED)**

**Principal Place of Business**      **Mailing Address**  
**1285 WEST BROADWAY, 3RD FL**      **1285 WEST BROADWAY, 3RD FL**  
**BC CANADA V6H 3X8**      **BC CANADA V6H 3X8**

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**      **4. FEI Number**      **Applied For**  
 Zip      Country      Zip      Country      **98-0345716** **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**  
**C T CORPORATION SYSTEM**      **Name**  
**1200 SOUTH PINE ISLAND ROAD**      **Street Address (P.O. Box Number is Not Acceptable)**  
**PLANTATION FL 33324**      **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.**      **FILE NOW!!! FEE IS \$150.00**      **10. Election Campaign Financing**      **\$5.00 May Be**  
 (See criteria on back)      **After May 1, 2002 Fee will be \$550.00**      **Trust Fund Contribution.**      **Added to Fees**  
☒      **Make Check Payable to Department of State**      ☐

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBSTER, NORMAN		NAME	WILLIAMS, JOHN D.	
STREET ADDRESS	52 WOODMOUNT RISE S.W.		STREET ADDRESS	6917 PORPOISE DRIVE	
CITY-ST-ZIP	CALGARY, ALBERTA		CITY-ST-ZIP	SECHLT, B.C. CANADA	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOFFERSEN, PER T		NAME	CHRISTOFFERSEN, PER T.	
STREET ADDRESS	95 DEERFIELD PLACE		STREET ADDRESS	95 DEERFIELD PLACE	
CITY-ST-ZIP	DELTA BC CANADA		CITY-ST-ZIP	DELTA, B.C. CANADA	
TITLE	S	<input type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORBETT, JEFFREY T		NAME	FERRI, GINO L.	
STREET ADDRESS	5313 KETCH PLACE		STREET ADDRESS	SUITE 164, 70 WOODLANDS RD.	
CITY-ST-ZIP	DELTA BC		CITY-ST-ZIP	ST. ALBERT, ALBERTA CANADA	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, RONALD		NAME	JOHNSON, BRUCE L.	
STREET ADDRESS	4768 NEVILLE STREET		STREET ADDRESS	9348 GLENELG AVENUE	
CITY-ST-ZIP	BURNABY BC		CITY-ST-ZIP	SIDNEY, B.C. CANADA	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDER, JOHN		NAME	WALLACE, SCOTT J.	
STREET ADDRESS	134 7TH AVE N.W.		STREET ADDRESS	5 COWAN ROAD	
CITY-ST-ZIP	CALGARY ALBERTA CA T2M- 0A2		CITY-ST-ZIP	TORONTO, ONTARIO CANADA	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, EDWARD		NAME	TROVATO, NICOLA	
STREET ADDRESS	74 DEANE CRESCENT		STREET ADDRESS	95 QUESNELL CRESCENT	
CITY-ST-ZIP	EDMONTON ALBERTA CA T5R- 5N9		CITY-ST-ZIP	EDMONTON, ALBERTA CANADA	

**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:**      **J.D.WILLIAMS, DIRECTOR**      **APRIL 12, 2001 604 (738-0048)**  
 Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E034 (9/01)