

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-06-2000 90105 006 ***150.00

DOCUMENT # 489105

1. Entity Name
CARLTON INVESTMENTS OF FLORIDA, INC.

Principal Place of Business 110 BLOOR STREET WEST #806 TORONTO, ONTARIO M5S 2W7	Mailing Address 110 BLOOR STREET WEST #806 TORONTO, ONTARIO M5S 2W7
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 15 McMURRICH STREET Suite, Apt. #, etc. APT 314	3. Mailing Address 15 McMURRICH STREET Suite, Apt. #, etc. APT 314
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City & State TORONTO ONTARIO	City & State TORONTO ONTARIO	4. FEI Number 59-2206730	Applied For <input type="checkbox"/> Not Applicable
Zip M5R 3M6	Country CANADA	Zip M5R 3M6	Country CANADA

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
State 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 _____ (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	TITLE Change	<input type="checkbox"/> Addition
NAME ROBERTS, CATHY H		NAME	
STREET ADDRESS 110 BLOOR STREET WEST, #806		STREET ADDRESS 15 McMURRICH STREET, #314	
CITY-ST-ZIP TORONTO, ONTARIO M5S 2W7		CITY-ST-ZIP TORONTO ONTARIO M5R 3M6	
TITLE VPTD	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME ROBERTS, G. CHRISTOPHER		NAME	
STREET ADDRESS 110 BLOOR STREET WEST, #806		STREET ADDRESS 15 McMURRICH STREET, #314	
CITY-ST-ZIP TORONTO, ONTARIO M5S 2W7		CITY-ST-ZIP TORONTO, ONTARIO M5R 3M6	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CRZE034 (9/99)