

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 591632

1. Entity Name

1234 CORPORATION

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90046 043 \*\*\*150.00

Principal Place of Business

Mailing Address

15 BELAND COURT  
HAMILTON, ONTARIO, CANADA L8K3

N/O CANADA TRUST  
46 KING ST., E., 3RD FLOOR  
HAMILTON ON L8N3K  
US

2. Principal Place of Business

c/o Canada Trust

Suite, Apt. #, etc.

46 King St. E., 3rd Floor

3. Mailing Address

c/o Canada Trust

Suite, Apt. #, etc.

46 King St. E., 3rd Floor

City & State

Hamilton, Ontario

City & State

Hamilton, Ontario

4. FEI Number

59-1884473

Applied For

Not Applicable

Zip

L8N 3K7

Country

Canada

Zip

L8N 3K7

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

GOETZ, JAMES L  
2133 WINKLER AVE #300  
FT MYERS FL 33911

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, 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 PDS ☒ Delete  
NAME DECHERT, EVELYN  
STREET ADDRESS 2555 GOLD CLUB RD, PO BOX 32174  
CITY-ST-ZIP HAMILTON ON

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

TITLE PD ☐ Delete  
NAME AUGUSTINE, KEITH  
STREET ADDRESS CANATA TRUST, 46 KING ST., E  
CITY-ST-ZIP HAMILTON, ON L8N 3K7

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

TITLE DST ☐ Delete  
NAME WEST, CYNTHIA M  
STREET ADDRESS CANADA TRUST, 46 KING STREET, E  
CITY-ST-ZIP HAMILTON, ON L8N 3K7

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Cynthia M. West

Date

Daytime Phone #

Jan 31, 2000 905 521-2426