

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 824776

1. Entity Name

MANEQUITY, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90016 048 \*\*\*150.00

Principal Place of Business

Mailing Address

200 BLOOR ST. EAST  
TORONTO, ONTARIO  
CANADA M4W1E5

200 BLOOR ST. EAST  
TORONTO, ONTARIO  
CANADA M4W1E5

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **84-0600617**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

T  
REIVE, THOMAS G.  
39 GLENDON WYNNE RD  
TORONTO ONTARIO MG ☐ Delete

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

VC  
BUCHANAN, GARY W  
2657 LUNDEE ROAD  
MISSISSAUGA ONTARIO ☐ Delete

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

D  
GORDON, H. BRUCE  
19 ABBEYWOOD TRAIL  
DON MILLS, ONTARIO ☒ Delete

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

D  
BUBBS, ROY H  
66 TOLL GATE LANE  
AVON CT 06001 ☐ Delete

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

S  
BUCKLEY, BRIAN H.  
2 GROVE ST  
MEDWAY MA ☐ Delete

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

P  
MYERS, DOUGLAS H.  
2059 WINDY OAKS DR  
BURLINGTON ONTARIO L7 ☐ Delete

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (9/99)