

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000204

1. Entity Name

PORTICO DESIGN GROUP LTD., INC.

FILED

Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90767 014 ***150.00

Principal Place of Business

1141 - 11871 HORSESHOE WAY
RICHMOND, BRITISH COLUMBIA
CANADA V7A 5H5

Mailing Address

1141 - 11871 HORSESHOE WAY
RICHMOND, BRITISH COLUMBIA
CANADA V7A 5H5

2. Principal Place of Business

RICHMOND BC

3. Mailing Address

Suite, Apt. #, etc.

1141 - 11871 HORSESHOE

Suite, Apt. #, etc.

WAY

City & State

RICHMOND BC

City & State

Zip

V7A 5H5

Country

CANADA

Zip

CANADA

Country

CANADA

4. FEI Number 98-0166139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
DODWELL, VICKI
1141 - 11871 HORSESHOE WAY
RICHMOND, B.C., CANADA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WELLS, TARA
1141 - 11871 HORSESHOE WAY
RICHMOND, B.C., CANADA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

02/02/01 (604) 2755170
Date Daytime Phone #

CR2E034 (10/00)