

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2003 8:00 am
Secretary of State

06-03-2003 90038 012 ***150.00

0700141 IN

DOCUMENT # F00000001650

1. Entity Name
HERITAGE SALMON, INC.



Principal Place of Business
**22 ST. CLAIR AVE. EAST, SUITE 1901
TORONTO, ONTARIO
CANADA M4T 2S7**

Mailing Address
**22 ST. CLAIR AVE. EAST, SUITE 1901
TORONTO, ONTARIO
CANADA M4T 2S7**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **01-0462580**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WALSH, FRAZER J**
STREET ADDRESS **669 MAIN ST., BLACKS HARBOUR**
CITY-ST-ZIP **NEW BRUNSWICK, CANADA**

TITLE ☐ Change ☒ Addition
NAME **Richard M. Lee, D/**
STREET ADDRESS **2805 Northlake Dr., Richmond**
CITY-ST-ZIP **Virginia, 23233**

TITLE **VS** ☐ Delete
NAME **GREEN, STEWART E**
STREET ADDRESS **2001 22 ST. CLAIR AVE. EAST**
CITY-ST-ZIP **TORONTO, ONTARIO, CANADA**

TITLE **D** ☐ Change ☒ Addition
NAME **Paul J. Zidow**
STREET ADDRESS **26 Knollwood Dr., Cherry Hill, NJ**
CITY-ST-ZIP **08002**

TITLE **V** ☐ Delete
NAME **HIRTLE, KENNETH D**
STREET ADDRESS **2 KING ST., SAINT JOHN**
CITY-ST-ZIP **NEW BRUNSWICK, CANADA**

TITLE **S** ☐ Change ☒ Addition
NAME **Marian Burrows**
STREET ADDRESS **22 St. Clair Ave E, 1901, Toronto, ON**
CITY-ST-ZIP **M4T 2S7**

TITLE **V** ☐ Delete
NAME **MAVRINAC, RICHARD P**
STREET ADDRESS **1500 22 ST. CLAIR AVE. EAST**
CITY-ST-ZIP **TORONTO, ONTARIO, CANADA**

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

TITLE **V** ☒ Delete
NAME **SMITH, STEPHEN A**
STREET ADDRESS **1500 22 ST. CLAIR AVE. EAST**
CITY-ST-ZIP **TORONTO, ONTARIO, CANADA**

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

TITLE **V** ☐ Delete
NAME **BALCOM, ROBERT A**
STREET ADDRESS **1500 22 ST. CLAIR AVE. EAST**
CITY-ST-ZIP **TORONTO, ONTARIO, CANADA**

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

12. 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 907, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marian Burrows, Assistant Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 14, 2003 416-922-2500
Date Daytime Phone #

CR2E034 (10/02)