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Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91524 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10090417

DOCUMENT # F00000002019

1. Entity Name
893789 ONTARIO LIMITED INCORPORATED

Principal Place of Business	Mailing Address
17 LOOKER DRIVE BARRIE, ON 14-n7v3	17 LOOKER DRIVE BARRIE, ON 14-n7v3

2. Principal Place of Business	3. Mailing Address
1 CUTHBERT ST	1 CUTHBERT ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BARRIE ON	City & State: BARRIE ON
Zip: L4N 6X7 Country: CANADA	Zip: L4N 6X7 Country: CANADA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent
WOOLVETT, GREGORY
6400 96TH ST. N., #501B
ST. PETERSBURG, FL 33708

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. 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	TITLE	P/S ☒ Change ☐ Addition
NAME	WOOLVETT, GREGORY T	NAME	WOOLVETT, GREGORY T
STREET ADDRESS	17 LOOKER DRIVE	STREET ADDRESS	2766 FOLKWAY DR, UNIT 13
CITY-ST-ZIP	BARRIE, ONTARIO L4N 7V3,	CITY-ST-ZIP	MISSISSAUGA, ON L5L 3M3
TITLE	S ☒ Delete	TITLE	T ☐ Change ☒ Addition
NAME	WOOLVETT, DIANA R	NAME	KASZAS, STEPHEN D
STREET ADDRESS	17 LOOKER DRIVE	STREET ADDRESS	12 GOVERNORS RD
CITY-ST-ZIP	BARRIE, ONTARIO L4N 7V3,	CITY-ST-ZIP	TORONTO, ON M4W 2G1
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 607, 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: GREG WOOLVETT 4/22/03 705 721-8773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #