

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90079 014 ***150.00

DOCUMENT # F00000005894

1. Entity Name
558813 ONTARIO, INC.



Principal Place of Business
**C/O MILLARD 156 FRONT ST W
STE 301
TORONTO ON M5J2-6**

Mailing Address
**1408 S.W. 49TH TERRACE
CAPE CORAL FL 33914**



(new area code below)

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

c/o Millard, 156 Front St W

3. Mailing Address

Suite, Apt. #, etc.

Suite 301

City & State
Toronto, Ontario

City & State

4. FEI Number **65-0651349**

Applied For
Not Applicable

Zip Country
M5J 2L6 Canada

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

**VANKESTEREN, HANK
1408 S.W. 49TH TERRACE
CAPE CORAL FL 33914**

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VANKESTEREN, HANK 1408 S.W. 49TH TERRACE CAPE CORAL FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 persons empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 5/03 239-945-4015

Date Daytime Phone #

CR2E034 (10/02)