

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000000521

1. Entity Name
UNIFLO LIMITED CORPORATION

FILED

02 SEP -4 AM 10:19

Principal Place of Business
100 KING ST. WEST. 22ND FLOOR. HAMILTON
ONTARIO. CANADA
L8N 3N9

Mailing Address
100 KING ST. WEST. 22ND FLOOR. HAMILTON
ONTARIO. CANADA
L8N 3N9

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

P.O. Box 57159 JACKSON STAD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HAMILTON, ONTARIO

4. FEI Number 132111725

Applied For
Not Applicable

Zip L8P 1A2 Country CANADA

Zip L8P 4X1 Country CANADA

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

Agent CHANG
7/18/02

Name NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

526 E. PARK AVE.

City TALLAHASSEE

FL

Zip Code 32301

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 *Anthony J. Alexander*
Signature, typed or printed name of registered agent and title if applicable

ANTHONY J. ALEXANDER, ASS. SEC.
(NOTE: Registered Agent signature required when reinstating)

7/31/02
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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOKES, J. 513 WHITE WING LANE HOUSTON TX 77079	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, L. 7156 APPLEBY LINE, MILTON, ONTARIO CANADA L9T 2Y1	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIDROW, N. 333 CLAY STREET HOUSTON TX 77002	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLASSFORD, D. 11701 LONGLEAF LANE HOUSTON TX 77024	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERRICK, J. 1824 LARCHMONT HOUSTON TX 77019	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPENCER, S. 5492 PLANTERS WOOD COURT, MISSISSAUGA ONTARIO CANADA L5M 5V6	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Clancy, David 94 Huntingwood Ave Dundas, ON L9H 6T3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Wallace, Moira 263 Delancey Blvd Hamilton, ON L9B 1Y8	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600007667606--7 -09/11/02--01059--010 ***550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPENCER, S. 4-5490 GLEN ERIN DRIVE MISSISSAUGA, ON L5M 5R4 CANADA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Anthony J. Alexander*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 23/02 (905) 572-5884

Date Daytime Phone #

CR2E034 (4/02)