

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90114 035 ***150.00

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1. Entity Name
UNIFLO LIMITED CORPORATION



Principal Place of Business
**100 KING ST. WEST. 22ND FLOOR. HAMILTON
ONTARIO. CANADA
L8P 1A2**

Mailing Address
**PO BOX 57159 JACKSON STN.
HAMILTON. ONTARIO
L8P 4X1 CANADA**

2. Principal Place of Business

3. Mailing Address
10,000 Sagemore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 10101

City & State

City & State
Marlton, NJ

4. FEI Number
13-2111725

Applied For
Not Applicable

Zip

Country

Zip

Country

08053

USA

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

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301**

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 NAME STREET ADDRESS CITY-ST-ZIP	P CLANEY, DAVID 94 HUNTINGWOOD AVE DUNDAS, ON L9H 6T3	<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	AS WALLACE, MOIRA 263 DELANCEY BLVD HAMILTON, ON L9B 148	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPENCER, S. 4-5490 GLEN ERIN DRIVE MISSISSAUGA, ON L6M 5R4	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mark Harris 2601 W. Lake Mary Blvd., #129 Lake Mary, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10,000 Sagemore Drive, Suite 10101 Marlton, NJ 08053	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V/S/D William B. Eisenstadt 10,000 Sagemore Drive, Suite 10101 Marlton, NJ 08053	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V/T/D Robert VanBrunt 10,000 Sagemore Drive, Suite 10101 Marlton, NJ 08053	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Jorge Carrasco 10,000 Sagemore Drive, Suite 10101 Marlton, NJ 08053	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AS Judith E. Baylinson 10,000 Sagemore Drive, Suite 10101 Marlton, NJ 08053	

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:

SIGNATURE REQUIRED

William B. Eisenstadt

3/12/03

856-596-3626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)