

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90147 018 ***150.00

DOCUMENT # F01000001938

1. Entity Name

Fincentric Corporation (U.S.)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1800 Pembroke Drive

Suite, Apt. #, etc.

Suite 300

City & State

Orlando, Florida

Zip

32810

Country

USA

3. Mailing Address

1733 H Street

Suite, Apt. #, etc.

Suite 330-690

City & State

Blaine, Washington

Zip

98230

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

77-0031545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
Michael Cardiff
13571 Commerce Parkway, Suite 200
Richmond, BC, Canada V7P 2M7

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
Alice Loberge
13571 Commerce Parkway, Suite 200
Richmond BC, Canada V7P 2M7

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

604-214-5807

CR2E034B (12/01)