

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000003063

FILED  
Apr 28, 2003  
Secretary of State

**Entity Name:** DESTINATION CANADA/NEW ENGLAND, INC.

**Current Principal Place of Business:**

170 OCEAN STREET  
SOUTH PORTLAND, ME 04106

**New Principal Place of Business:**

**Current Mailing Address:**

170 OCEAN STREET  
SOUTH PORTLAND, ME 04106

**New Mailing Address:**

**FEI Number:** 01-0541883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPENCER, KRISTINA M  
9 ISLAND AVENUE, APARTMENT 505  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SPENCER, CHRISTINA M  
Address: 9 ISLAND AVENUE, APARTMENT 505  
City-St-Zip: MIAMI BEACH, FL 33139

Title: S ( ) Delete  
Name: SHERRY, SAMUEL M  
Address: PO BOX 18201  
City-St-Zip: PORTLAND, ME 041128201

Title: T ( ) Delete  
Name: SPENCER, KRISTINA M  
Address: 9 ISLAND AVENUE, APARTMENT 505  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTINA M SPENCER

PRES

04/28/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date