

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90413 042 ***150.00

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1. Entity Name

WEATHER-SHIELD INTERNATIONAL INC.



Principal Place of Business

2315 WHIRLPOOL STREET, SUITE 321
NIAGARA FALLS NY 14305

Mailing Address

2315 WHIRLPOOL STREET, SUITE 321
NIAGARA FALLS NY 14305

2. Principal Place of Business

27 Garrison Village Drive

3. Mailing Address

P.O. Box 2444

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Niagara-On-The-Lake, Ontario

City & State

Niagara Falls, NY

4. FEI Number

82-0565830

Applied For

Not Applicable

Zip

LOS 1JO

Country

Canada

Zip

14302

Country

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

SMALL, RICHARD

998 BASS COURT

VENICE FL 34293-1209

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 PCD
STREET ADDRESS TURNER, CAROLYN J
CITY-ST-ZIP 2315 WHIRLPOOL STREET, SUITE 321
NIAGARA FALLS NY 14305 ☐ Delete

TITLE NAME PCD ☒ Change ☐ Addition
STREET ADDRESS Turner, Carolyn J.
CITY-ST-ZIP 27 Garrison Village Drive
Niagara-On-The Lake, Ontario, Canada ☐ Change ☐ Addition

TITLE NAME VSTD
STREET ADDRESS METCALFE, GARY
CITY-ST-ZIP 2315 WHIRLPOOL STREET, SUITE 321
NIAGARA FALLS NY 14305 ☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 28, 2003 (905-468-8263)

CR2E034 (10/02)