

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90008 001 ***150.00

951000



DO NOT WRITE IN THIS SPACE

DOCUMENT # F15199

1. Entity Name
ARCTIC PROPERTIES, INC.

Principal Place of Business Mailing Address
215 NORTH EOLA DRIVE **215 NORTH EOLA DRIVE**
ORLANDO, FL 32801 **ORLANDO, FL 32801-2028**

2. Principal Place of Business 3. Mailing Address
5145 City STREET **5145 City STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ORLANDO, FL **ORLANDO, FL**
 Zip Country Zip Country
32839 **USA** **32839** **USA**

4. FEI Number Applied For
59-2055927 ☐ Not Applicable

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
JOHNSON, LORAN A. Name **JOEL K. SLATER**
215 NORTH EOLA DRIVE Street Address (P.O. Box Number is Not Acceptable) **5145 City STREET**
ORLANDO FL 32801 City **ORLANDO** FL **32839**

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]* **JOEL K. SLATER** DATE **4-20-00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2000 Fee will be \$550.00**
Make Check Payable to Department of State 10. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORTON, PAUL		NAME		
STREET ADDRESS	1090 DON MILLS ROAD		STREET ADDRESS		
CITY-ST-ZIP	DON MILLS,ONT,CANADA		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EPSTEIN, SEYMOUR		NAME		
STREET ADDRESS	1090 DON MILLS ROAD		STREET ADDRESS		
CITY-ST-ZIP	DON MILLS,ONT,CANADA		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *[Signature]* **PAUL MORTON** Date **4-21-00** Daytime Phone # **416-444-6660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (9/99)