

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F55076

1. Entity Name

SECURITY TRUST PLANS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90060 034 ***150.00

Principal Place of Business

Mailing Address

200 NORTH FEDERAL HWY
% ROBERT D. RUSSELL
POMPANO BCH. FL 33062

4126 NORLAND AVE
BURNABY BC V5G

2. Principal Place of Business

3. Mailing Address

2101 N.W. 33rd STREET

Suite, Apt. #, etc.
SUITE A800

Suite, Apt. #, etc.

City & State

City & State

POMPANO BEACH, FL

Zip
33069

Country

Zip

V 5G 3S8

Country

CANADA

4. FEI Number

59-2150129

Applied For

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

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD.
PLANTATION FL 33324

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **WAGLER, PAUL**
STREET ADDRESS **4126 NORLAND AVE**
CITY-ST-ZIP **BURNABY BC CANADA V5G 3S8**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEE ATTACHED LIST
OF ALL DIRECTORS AND OFFICERS**

TITLE **VP** ☐ Delete
NAME **GILCHRIST, SEAN M**
STREET ADDRESS **801 TEAS RD**
CITY-ST-ZIP **CONROE TX 77303**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3205 WEST DAVIS, SUITE 200A**
CITY-ST-ZIP **CONROE, TX 77304**

TITLE **P+** ☐ Delete
NAME **CASHNER, JEFFREY L.**
STREET ADDRESS **801 TEAS ROAD**
CITY-ST-ZIP **CONROE TX 77303**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3205 WEST DAVIS, SUITE 200A**
CITY-ST-ZIP **CONROE, TX 77304**

TITLE **ST** ☐ Delete
NAME **GUSHULAK, RONALD**
STREET ADDRESS **2860 COLUMBIA TRAIL**
CITY-ST-ZIP **LOVELAND OH 45140**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3205 WEST DAVIS, SUITE 200A**
CITY-ST-ZIP **CONROE, TX 77304**

TITLE **ASD** ☐ Delete
NAME **HYNDMAN, PETER S**
STREET ADDRESS **4126 NORLAND AVENUE**
CITY-ST-ZIP **BURNABY, B.C. CANADA V5G3S8**

TITLE **V** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **HARDIMAN, JOSEPH**
STREET ADDRESS **801 TEAS RD**
CITY-ST-ZIP **CONROE TX 77303**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 reports 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 REQUIRED
Peter S. Hyndman

April 14, 2000

(604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)