

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90089 012 ***550.00

DOCUMENT # F71244

1. Entity Name

COLD SPRINGS VILLAGE, INC.



Principal Place of Business

**149 BROCK STREET, P.O. BOX 100
THAMESFORD, ONTARIO NOM 2MO
CANADA FL**

Mailing Address

**149 BROCK STREET, P.O. BOX 100
THAMESFORD, ONTARIO NOM 2MO
CANADA FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2274185**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DIVINE, RUSSELL W
24 SOUTH ORANGE AVE.
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE	CD	<input type="checkbox"/> Delete
NAME	LEROUX, GEORGE D	
STREET ADDRESS	149 BROCK ST., BOX 100	
CITY-ST-ZIP	THAMESFORD ONTARIO	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRALEY, G.E.	
STREET ADDRESS	149 BROCK STREET	
CITY-ST-ZIP	THAMESFORD, ONTARIO NOM-2MO	
TITLE	D	<input type="checkbox"/> Delete
NAME	COWAN, THOMAS F	
STREET ADDRESS	149 BROCK ST., #BOX 100	
CITY-ST-ZIP	THAMESFORD, ONTARIO	
TITLE	SO	<input checked="" type="checkbox"/> Delete
NAME	KOEBEL, E. JANE	
STREET ADDRESS	149 BROCK ST	
CITY-ST-ZIP	THAMESFORD, ONTARIO CA NOM-2-0	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Cram	
STREET ADDRESS	149 Brock St. Box 100	
CITY-ST-ZIP	Thamesford Ontario NOM 2MO	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leroy Innanen	
STREET ADDRESS	149 Brock St. Box 100	
CITY-ST-ZIP	Thamesford Ontario NOM 2MO	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

July 8, 2003 519-285-3940
Date Daytime Phone #

CR2E034 (4/03)