

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001525

1. Entity Name

163767 CANADA, INC.

Principal Place of Business

501 EAST KENNEDY BLVD., #1700
TAMPA FL 33602

Mailing Address

501 EAST KENNEDY BLVD., #1700
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HUMPHRIES, J B ESQ.
C/O FOWLER, WHITE, GILLEN, ET AL
501 EAST KENNEDY BLVD., #1700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
Cody W. Waters, Esquire

Street Address (P.O. Box Number is Not Acceptable)

Fowler, White Law Firm

501 E. Kennedy Blvd., #1700

City

Tampa

FL

Zip Code
33602

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

Cody Waters

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, 2001 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

TITLE PSTD
NAME KAWAJA, PAUL
STREET ADDRESS 76 OLD FOREST HILL ROAD
CITY-ST-ZIP TORONTO, ONT., CANADA M5P2R5 ☐ Delete

TITLE AS
NAME ANDERSON, ANDREW W
STREET ADDRESS 355 SALISBURY LANE
CITY-ST-ZIP NEWMARKET, ONT., CANADA ☐ Delete

TITLE AS
NAME HUMPHRIES, J B
STREET ADDRESS 501 EAST KENNEDY BLVD., #1700
CITY-ST-ZIP TAMPA FL 33602 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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:

Andrew W. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew W. Anderson, Assistant Secretary

4.4.01

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90411 039 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)