

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002793

1. Entity Name

ROYKER INVESTMENTS LIMITED CORP.

FILED

Feb 07, 2001 8:00 am  
Secretary of State

02-07-2001 90194 001 \*\*\*150.00

Principal Place of Business

96 CHURCH ST., ST. CATHARINES  
ONTARIO  
CANADA L2R 3C8

Mailing Address

BRUNTON REGISTERED AGENTS  
4710 N.W. BOCA RATON BLVD., #101  
BOCA RATON FL 33431

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 98-0163161

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

BRUNTON REGISTERED AGENTS, INC.  
4710 NW BOCA RATON BLVD., #101  
BOCA RATON FL 33431

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME HOWE, RAYMOND  
STREET ADDRESS 32 BARBICAN TRAIL  
CITY-ST-ZIP ST CATHERINE ONTARIO ☐ Delete

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

TITLE D  
NAME HOWE, MICHAEL  
STREET ADDRESS 4 WILLCHER DR  
CITY-ST-ZIP ST CATHERINE ONTARIO ☐ Delete

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

TITLE D  
NAME HOWE, KERRY T JR.  
STREET ADDRESS 15 PINE ST.  
CITY-ST-ZIP ST CATHERINE ONTARIO ☐ Delete

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

TITLE D  
NAME DEGASPERIS, MARY-TERESA  
STREET ADDRESS 68 ROYAL HENLEY BLVD.  
CITY-ST-ZIP ST. CATHARINES ONTARIO L2N4S-1 ☐ Delete

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

TITLE D  
NAME COLACARRO, SHEILA  
STREET ADDRESS 3 VILLAGE GREEN  
CITY-ST-ZIP ST CATHERINE ONTARIO ☐ 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)