

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90095 037 ***150.00

DOCUMENT # F94000002793

1. Entity Name
ROYKER INVESTMENTS LIMITED CORP.

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**

DO NOT WRITE IN THIS SPACE

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, 2002 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** ☐ Delete
NAME **HOWE, RAYMOND**
STREET ADDRESS **32 BARBICAN TRAIL**
CITY-ST-ZIP **ST CATHERINE ONTARIO**

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

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

TITLE ☒ Change ☐ Addition
NAME **Howe, Michael**
STREET ADDRESS **22 Bolger Street**
CITY-ST-ZIP **ST. CATHARINES, ONTARIO L2N704**

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

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

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

TITLE ☒ Change ☐ Addition
NAME **DeGasperis, MaryTeresa**
STREET ADDRESS **5 Briarwood Drive**
CITY-ST-ZIP **ST. CATHARINES, ONT. L2S 4A6**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: *MARY TERESA DEGASPERIS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

905-688-1012
 Date: *Jan 21/02* Daytime Phone #

0372823 AV

CR2E034 (9/01)