

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000002793**

1. Entity Name  
**ROYKER INVESTMENTS LIMITED CORP.**

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

02-12-2002 90095 037 \*\*\*150.00

Principal Place of Business  
**96 CHURCH ST., ST. CATHARINES  
ONTARIO  
CANADA L2R 3C8**

Mailing Address  
**BRUNTON REGISTERED AGENTS  
4710 NW 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

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
<b>BRUNTON REGISTERED AGENTS, INC. 4710 NW BOCA RATON BLVD., #101 BOCA RATON FL 33431</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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
<p>TITLE <b>PD</b> NAME <b>HOWE, RAYMOND</b> STREET ADDRESS <b>32 BARBICAN TRAIL</b> CITY-ST-ZIP <b>ST CATHERINE ONTARIO</b></p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE <b>D</b> NAME <b>HOWE, MICHAEL</b> STREET ADDRESS <b>4 WILLCHER DR</b> CITY-ST-ZIP <b>ST CATHERINE ONTARIO</b></p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><b>Howe, Michael 28 Bolger Street ST. CATHARINES, ONTARIO L2N 7D4</b></p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE <b>D</b> NAME <b>HOWE, KERRY T JR.</b> STREET ADDRESS <b>15 PINE ST.</b> CITY-ST-ZIP <b>ST CATHERINE ONTARIO</b></p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE <b>D</b> NAME <b>DEGASPERIS, MARY-TERESA</b> STREET ADDRESS <b>68 ROYAL HENLEY BLVD.</b> CITY-ST-ZIP <b>ST. CATHARINES ONTARIO L2N4S-1</b></p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><b>DeGasperis, Mary-Teresa 5 Briarwood Drive ST. CATHARINES, ONT. L2S 4A6</b></p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE <b>D</b> NAME <b>COLACARRO, SHEILA</b> STREET ADDRESS <b>3 VILLAGE GREEN</b> CITY-ST-ZIP <b>ST CATHERINE ONTARIO</b></p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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 TERRESA DEGASPERIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**905-  
JAN 21/02 688-1012**

Daytime Phone #

037283 AV

CR2E034 (9/01)