

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90096 009 ***150.00

DOCUMENT # F94000002919

1. Entity Name

GILLETTE CANADA INC.

Principal Place of Business

Mailing Address

TRANS-CANADA
KIRKLAND QU H9H 4-8

16700 TRANS-CANADA
KIRKLAND QU H9H 4
CA

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

94-3033824

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

Name

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

City

FL

Zip Code

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	DELORENZO, ROBERT	
STREET ADDRESS	16700 TRANS CANADA, KIRKLAND, QUEBEC	
CITY-ST-ZIP	CANADA H9H 4Y8	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSSI, RONALD	
STREET ADDRESS	600 CLIPPER DR	
CITY-ST-ZIP	BELMONT CA	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VIOTTY, MICHELLE	
STREET ADDRESS	600 CLIPPER DRIVE	
CITY-ST-ZIP	BELMONT CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	MURRAY, ROSS	
STREET ADDRESS	16700 TRANS CANADA, KIRKLAND, QUEBEC	
CITY-ST-ZIP	CANADA H9H 4Y8	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VOUTSINAS, HARRY	
STREET ADDRESS	16700 TRANS CANADA, KIRKLAND, QUEBEC	
CITY-ST-ZIP	CANADA H9H 4Y8	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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		

CR2E034 (9/99)

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:

Jill C. Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jill C. Richardson, Secretary 4/24/2000

Date

Daytime Phone #