FILED

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9500001301  1. Entity Name  605143 ONTARIO LIMITED					Apr 27, 2000 8:00 am Secretary of State			
Principal Plac	e of Business	Mailing Address	ailing Address					
141 ADELAIDE : STE 1003 TORONTO ON I CN		141 ADELAIDE ST W STE 1003 TORONTO ON M5H3L CN			. 1891/88 1118	(210) <b>8</b> (41) <b>18</b> (1) <b>88</b> (1) <b>88</b> (1)	se Pārij Bājās kiapa (Vilk 64)	181 1181 1881
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			/ <b>( )</b>	DO NOT WRITE	IN THIS SPACE	
City & State		City & State			4. FEI Number	98-0080557	<u> </u>	oplied For ot Applicable
Zip M5H	Country 31.9	Zip	Country		5. Certificate of	Status Desired	\$8.75 Add	ditional
1.1011	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Reg	istered Agent	
		ے۔ سندون	Na	me		= <u></u>		
	intjoy, sandra Chweitzer & Dobosz		. Str	Street Address (P.O. Box Number is Not Acceptable)				
1206 COURT ST								
CLEA	ARWATER FL 34616		Cit	у			FL Zip Cod	e
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent	signature required wh		in the State of Florid	a. DATE	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		e \$550.00	Trust	on Campaign Finan Fund Contribution.		May Be to Fees
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CH	HANGES TO OFFICE	ERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Ware, James G 141 Adelaide St W Ontario, Canada M5H 1L5	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZII	1			□ Change  M5H 3L9	☐ Addition
TITLE	VD	Delete	TITLE				☐ Change	Addition
NAME	WERNER, EDWARD		NAME	*				_
STREET ADDRESS	141 ADELAIDE ST W STE 1003		STREET ADD					J
CITY-ST-ZIP	ONTARIO, CANADA M5H 1L5		CITY-ST-ZII		**		M5H_3L9	
TITLE	VD -	☐ Delete ~ ·	TITLE NAME		•	, ,, ,, <del>-</del>	Change	· ⁻⊡ Addition
NAME STREET ADDRESS	HANEY, JOHN 141 ADELAIDE ST W STE 1003		STREET ADD	RESS				
CITY-ST-ZIP	ONTARIO, CANADA M5H 1L5		CITY-ST-ZII	, , *, `	•		M5H 3L9	
THTLE	D	☐ Delete	TITLE				☐ Change	Addition
NAME	HANEY, CHRISTOPHER	•	NAME					
STREET ADDRESS	141 ADELAIDE ST STE 1003		STREET ADD	1			MELL ZIO	{
CITY-ST-ZIP	ONTARIO, CANADA M5H 1L5	<b>/</b>	CITY-ST-ZII	·			M5H 3L9 ☐ Change	☐ Addition
TITLE NAME	T ABBOTT, C. SCOTT	Delete	TITLE NAME					☐ Addition
STREET ADDRESS	141 ADELAIDE ST W STE 1003		STREET ADD	ress			M5H 3L9	}
CITY-ST-ZIP	ONTARIO, CANADA M5H 1L5		CITY-ST-ZII	·				
TITLE	***************************************	☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME CTREET ADD	0000				}
STREET ADDRESS CITY-ST-ZIP			STREET ADD	ľ				

13. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

605143 Ontario Limited

Per: James G. Ware, President

416-364-7080

Daytime Phone #