

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000626

1. Entity Name

JASON-CRAIG ASSOCIATES INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90137 014 ***150.00

Principal Place of Business

Mailing Address

1501 PINETREE CRESCENT
MISSISSAUGA, ONTARIO
CANADA L5G 2S9 L5G2S
US

1501 PINETREE CRESCENT
MISSISSAUGA, ONTARIO
CANADA L5G 2S9 L5G2S
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

98-0042196

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ASP, JOHN
1925 CLIFFORD STREET - APARTMENT 1301
FORT MYERS FL 33901

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, 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|--------------------|---|------------------------------|-------|------|----------------|-------------|
| | PC | | | | | | |
| | SMITH, PAULA H | 1501 PINETREE CRESCENT, MISSISSAUGA, ONT. | CANADA L5G 2S9 | | | | |
| | DV | | | | | | |
| | SMITH, CRAIG G | 16 GARNOCK AVENUE, TORONTO, ONTARIO | CANADA M4K 1M2 | | | | |
| | SD | | | | | | |
| | SMITH, JASON D | 219 VILLARE AVENUE, WINDSOR, ONTARIO | CANADA N83 2J1 N85-2 | | | | |
| | DV | | | | | | |
| | SMITH, CHRISTINE P | 72 WELLESLEY STREET EAST, APT. 101 | TORONTO, ONT. CANADA M4Y 1H2 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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 (9/99)