

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005157

1. Entity Name

PPM 2000 INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90047 023 \*\*\*150.00

Principal Place of Business

Mailing Address

10216-124 STREET  
STE 500  
EDMONTON, ALBERTA CANADA T5N- 4A3

10216-124 STREET  
STE 500  
EDMONTON, ALBERTA CANADA T5N

2. Principal Place of Business

3. Mailing Address

10405 Jasper Avenue

10405 Jasper Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1400

Suite 1400

City & State

City & State

Edmonton, Alberta

Edmonton, Alberta

Zip

Country

Zip

Country

T5J 3N4

Canada

T5J 3N4

Canada

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANKEVICH, JAMES A  
6147 DEL RIO DRIVE  
PORT ORANGE FL 32127

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 ☐ Delete  
NAME PCST  
STREET ADDRESS O'SULLIVAN, DENIS  
CITY-ST-ZIP 10803-182 STREET, SUITE 201, EDMONTON, AB  
CANADA T5S 1J5

TITLE ☒ Change ☐ Addition  
NAME PCST  
STREET ADDRESS O'Sullivan, Denis  
CITY-ST-ZIP 10405 Jasper Avenue, Suite 1400  
Edmonton, AB Canada T5J 3N4

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7/00

Date

780-448-0616

Daytime Phone #

CR2E034 (9/99)