

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003112

1. Entity Name

THE HOSTS DOT COM INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90092 041 ***158.75

Principal Place of Business

Mailing Address

59 NUFFIELD STREET
BRAMPTON, ONTARIO
CANADA LG2 3S1

59 NUFFIELD STREET
BRAMPTON, ONTARIO
CANADA LG2 3S1

00014310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **98-0187693**

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

CORPORATE ACCESS INC.
1116-D THOMASVILLE RD.
TALLAHASSEE FL 32303

Name

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

236 EAST 6TH AVENUE

City

TALLAHASSEE

FL

Zip Code

32303

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

1/20/00

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 **P MULVENEY, KIRK R**
STREET ADDRESS **44 CHAMNEY CT./BRAMPTON, ONTARIO**
CITY-ST-ZIP **CANADA LGW3S1**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **59 NUFFIELD STREET**
CITY-ST-ZIP **BRAMPTON, ON, CANADA, L6S4X8**

TITLE ☐ Delete
NAME **V ARMSTRONG, BILLIE JO**
STREET ADDRESS **44 CHAMNEY CT./BRAMPTON, ONTARIO**
CITY-ST-ZIP **CANADA LGW3S1**

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

905 456 86 93

Daytime Phone #