

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91062 037 ***150.00

DOCUMENT # F98000003657



1. Entity Name
1182729 ONTARIO INC.

Principal Place of Business
**440 COUCHICHING POINT ROAD
ORILLIA, ONTARIO CA L3-V6P8**

Mailing Address
**440 COUCHICHING POINT ROAD
ORILLIA, ONTARIO CA L3-V6P8**

2. Principal Place of Business *Same as above*
3. Mailing Address *Same as above*



CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **NOT APPLICABLE**
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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROE, CATHERINE M	
STREET ADDRESS	P.O. BOX 9 STN MAIN	
CITY-ST-ZIP	ORILLIA, ONTARIO CA L3-U6H9	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	ROE, DOUGLAS A	
STREET ADDRESS	P.O. BOX 9 STN MAIN	
CITY-ST-ZIP	ORILLIA, ONTARIO CA L3-U6H9	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Catherine Roe* **CECILIA ROE** March 10/03 705-325-6505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)