

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # F99000000217

1. Entity Name

682641 ONTARIO INC.

FILED
May 11, 2000 8:00 am
Secretary of State

04-05-2000 90087 023 ***150.00

Principal Place of Business Mailing Address
% THOMAS C. ROBERGE, CPA
ONE BEACH DR SE, SUITE 220
ST PETERSBURG FL 33701 % THOMAS C. ROBERGE, CPA
ONE BEACH DR SE, SUITE 220
ST PETERSBURG FL 33701-3952



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

4. FEI Number **98-0169106** **APPLIED FOR** 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
ROBERGE, THOMAS C CPA
ONE BEACH DR SE, SUITE 220
ST PETERSBURG FL 33701
7. Name and Address of New Registered Agent
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	CPSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANGER, HARRY			NAME			
STREET ADDRESS	% THOMAS C. ROBERGE, ONE BEACH DR SE #220			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33701			CITY-ST-ZIP			
TITLE	VCVT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANGER, AUDREY			NAME			
STREET ADDRESS	% THOMAS C. ROBERGE, ONE BEACH DR SE #220			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33701			CITY-ST-ZIP			
TITLE	ANGER, AUDREY	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANGER, AUDREY			NAME			
STREET ADDRESS	% THOMAS C. ROBERGE, ONE BEACH DR SE #220			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33701			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: **HARRY ANGER** 3/31/00 727 822 9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)