

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000000217**

1. Entity Name

682641 ONTARIO INC.**FILED****Feb 19, 2001 8:00 am
Secretary of State**

02-19-2001 90070 047 ***150.00

00026003

DO NOT WRITE IN THIS SPACE

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**

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

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

**ROBERGE, THOMAS C CPA
ONE BEACH DR SE, SUITE 220
ST PETERSBURG FL 33701**

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, 2001 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 CPD ☐ Delete
NAME ANGER, HARRY
STREET ADDRESS % THOMAS C. ROBERGE, ONE BEACH DR SE #220
CITY-ST-ZIP ST PETERSBURG FL 33701TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VCVT ☐ Delete
NAME ANGER, AUDREY
STREET ADDRESS % THOMAS C. ROBERGE, ONE BEACH DR SE #220
CITY-ST-ZIP ST PETERSBURG FL 33701TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME ANGER, AUDREY
STREET ADDRESS % THOMAS C. ROBERGE, ONE BEACH DR SE #220
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY ANGER, PRES

Date

2/12/01

Daytime Phone #

727 822 9393

CR2E034 (10/00)