

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003708

1. Entity Name

C.C. FRIESEN CONSTRUCTION LIMITED CORP.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90037 044 ***150.00

Principal Place of Business

Mailing Address

6670 DELL PARK DRIVE
NIAGARA FALLS
ON CANADA L2J 2B8

6670 DELL PARK DRIVE
NIAGARA FALLS
ON CANADA L2J 2B8

2. Principal Place of Business

3. Mailing Address

4384 ONTARIO ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BEAMSVILLE, ONTARIO

Zip

Country

Zip

Country

LOR 1 B0

CANADA

4. FEI Number

98-0134168

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

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 CP
STREET ADDRESS FREISEN, MARY
CITY-ST-ZIP 4384 ONTARIO ST. BEAMSVILLE
ON CANADA LOR1B0

TITLE ☐ Delete
NAME VT
STREET ADDRESS FRIESEN, RUDOLF
CITY-ST-ZIP 6670 DELL PARK DRIVE
ON CANADA L2J 2B8

TITLE ☐ Delete
NAME S
STREET ADDRESS WEATHERSON, WANDA
CITY-ST-ZIP 4384 ONTARIO ST. BEAMSVILLE
ON CANADA LOR1B0

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME FRIESEN, MARY
STREET ADDRESS 4384 ONTARIO ST., BEAMSVILLE
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6670 DELL PARK DRIVE, NIAGARA FALLS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4384 ONTARIO ST., BEAMSVILLE
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D M Y
FRIESEN

01/24/00

1-905-356-0222

Date

Daytime Phone #

CR2E034 (9/99)