

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004666

1. Entity Name

814960 ONTARIO INCORPORATED

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90135 008 ***150.00

Principal Place of Business
3975 GARNETWOOD CHASE
MISSISSAUGA, ONTARIO L4W2H-3

Mailing Address
1115 TAMARAC DR.
HOLIDAY FL 34690-6546

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

59-3605447

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

EVANGELIS, STANLEY
1115 TAMARAC DR.
HOLIDAY FL 34690

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
NAME CP
STREET ADDRESS EVANGELIS, STANLEY
CITY-ST-ZIP 1115 TAMAMI DR.
HOLIDAY FL 34690 ☐ Delete

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

TITLE
NAME VCT
STREET ADDRESS PITSOUNIS, GEORGE
CITY-ST-ZIP 3975 GARNETWOOD CHASE
MISSISSAUGA, ONTARIO L4W2H-3 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS EVANGELIS, STEVEN
CITY-ST-ZIP 77-03 21ST AVE.
JACKSON HEIGHTS NY 11370 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS EVANGELIS, JOY
CITY-ST-ZIP 1115 TAMARAC DR.
HOLIDAY FL 34690 ☒ Delete

TITLE
NAME DIRECTOR
STREET ADDRESS EVANGELIS, MARY
CITY-ST-ZIP 77-03 21ST AVE
JACKSON HEIGHTS NY NY 11370 ☒ Change ☐ Addition

TITLE
NAME S
STREET ADDRESS EVANGELIS, VICKY
CITY-ST-ZIP 1115 TAMARAC DR.
HOLIDAY FL 34690 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Stanley Evangelis

STANLEY EVANGELIS

DATE

MAR 25/00 727-9384200

Daytime Phone #

CR2E034 (9/99)