

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90053 014 ***150.00

DOCUMENT # **F99000004666**

1. Entity Name

814960 ONTARIO INCORPORATED

Principal Place of Business

**3975 GARNETWOOD CHASE
MISSISSAUGA, ONTARIO L4W2H3**

Mailing Address

**1115 TAMARAC DR.
HOLIDAY FL 34690**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3605447**

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, 2002 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	CP	<input type="checkbox"/> Delete
NAME	EVANGELIS, STANLEY	
STREET ADDRESS	1115 TAMARAC DR	
CITY-ST-ZIP	HOLIDAY FL 34690	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	EVANGELIS, STEVEN	
STREET ADDRESS	33 TUSCALA ST	
CITY-ST-ZIP	SELDEN NY 11784	

TITLE	T = TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANGELIS, STEVEN	
STREET ADDRESS	33 TUSCALA ST.	
CITY-ST-ZIP	SELDEN NY 11784	

TITLE	D	<input type="checkbox"/> Delete
NAME	EVANGELIS, MARY	
STREET ADDRESS	33 TUSCALA ST	
CITY-ST-ZIP	SELDEN NY 11784	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	EVANGELIS, VICKY	
STREET ADDRESS	1115 TAMARAC DR.	
CITY-ST-ZIP	HOLIDAY FL 34690	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY EVANGELIS

Date

FEB 28th 2002 727-938-4200

Daytime Phone #

CR2E034 (9/01)