

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90189 034 ***150.00

DOCUMENT # F99000006600

1. Entity Name

Pennsylvania Roadware Corporation

Principal Place of Business

Mailing Address

147 East River Road
Paris, Ontario N3L 3T6
Canada

147 East River Road
Paris, Ontario N3L 3T6
Canada

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

25-168-6299

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

Boettcher, Gil
6255 Black Fox Way
Tallahassee, FL 32312

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

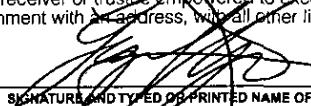
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	Williamson, A.R.	
STREET ADDRESS	147 East River Road	
CITY-ST-ZIP	Paris, ON N3L 3T6	
TITLE	VC	<input type="checkbox"/> Delete
NAME	Fowler, Ken	
STREET ADDRESS	147 East River Road	
CITY-ST-ZIP	Paris, ON N3L 3T6	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Schrijver, George	
STREET ADDRESS	147 East River Road	
CITY-ST-ZIP	Paris, ON N3L 3T6	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	Stewart, Stephen D.	
STREET ADDRESS	147 East River Road	
CITY-ST-ZIP	Paris, ON N3L 3T6	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williamson, A.R.	
STREET ADDRESS	147 East River Road	
CITY-ST-ZIP	Paris, ON N3L 3T6	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fowler, Ken	
STREET ADDRESS	147 East River Road	
CITY-ST-ZIP	Paris, ON N3L 3T6	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schrijver, George	
STREET ADDRESS	147 East River Road	
CITY-ST-ZIP	Paris, ON N3L 3T6	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

 George Schrijver

April 17, 2000 519-442-2264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)