

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90113 039 ***158.75

DOCUMENT # G80446

1. Entity Name

CIL, INC.

P

Principal Place of Business

860 SW 9TH CIRCLE
 201
 BOCA RATON FL 33486
 US

Mailing Address

PO BOX 27-3855
 860 SW 9TH ST CIRCLE S201
 BOCA RATON FL 33486-219
 US

2. Principal Place of Business

860 SW 9TH ST. CIRCLE
 Suite, Apt. #, etc.
 # 201

3. Mailing Address

860 SW 9TH ST CIRCLE
 Suite, Apt. #, etc.
 # 201

City & State

BOCA RATON FL

City & State

BOCA RATON

4. FEI Number

59-2367771

Applied For

Not Applicable

Zip

33486

Country

USA

Zip

33486

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BOLTON, JEFFREY CPA~~
~~DANIEL BOLTON & MANELA CPAs~~
~~240 W PALMETTO PK RD SUITE 300~~
~~BOCA RATON FL 33432~~

7. Name and Address of New Registered Agent

Name: DAVID E. BUCK, CPA
 Street Address (P.O. Box Number is Not Acceptable): 2900 EAST OAKLAND PARK BLVD
 City: FORT LAUDERDALE FL Zip Code: 33306

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]

DAVID E. BUCK, REGISTERED AGENT 8/28/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	S/O P/T/D/V	<input type="checkbox"/> Delete
NAME	CAMPBELL, MADELINE	
STREET ADDRESS	860 SW 9TH ST CIRCLE#201	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, BARBARA	
STREET ADDRESS	1375 TYROL RD.	
CITY-ST-ZIP	VANCOUVER, CAN	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, KINGSLEY G.	
STREET ADDRESS	103 RONAN AVE	
CITY-ST-ZIP	TORONTO CANADA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

MADELINE CAMPBELL
 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/2000 (561) 392-3936

Date

Daytime Phone #

CF2E034 (5/00)

DOC # G80446
A0074860

CIL, INC
860 SW 9TH STREET CIRCLE #201
BOCA RATON, FL 33486

August 28, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

P.O. Box 6327
Tallahassee, FL 32314

RE: CIL, INC G80446

Dear Sir or Madam,

we have received a second notice of annual report. ~~we have no record of receiving a~~ first notice. Therefore, we have enclosed a check payable to the Department of State in the amount of \$158.75 representing the annual fee of \$150.00 and a fee of \$8.75 for a certificate of status. Please accept this payment as payment in full, since we did not receive a first notice. Thank you for your assistance.

Very Truly Yours,

Madeline Campbell PRESIDENT