

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H01971

1. Entity Name

MALVERN DEVELOPMENT CORPORATION

Principal Place of Business

1210 CHAFFEE DR.
PO BOX 1077
TITUSVILLE FL 32781

Mailing Address

51 MORNINGSID AVE
SCARBOROUGH ON M1E3C
US

2. Principal Place of Business

3. Mailing Address

157 Kenne Park Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

RR 1

City & State

City & State

Lindsay, Ontario

Zip

Country

Zip

Country

K9V 4R1

CANADA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, LESLIE
1210 CHAFFEE DR
TITUSVILLE FL 32780

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
TAYLOR, PETER
51 MORNINGSID AVE
SCARBOROUGH ON ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Taylor, Peter
157 Kenne Park Road
Lindsay, Ontario K9V 4R1 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003506296--1
-12/19/00--01086--026
****150.00 ****150.00 ☐ Change ☐ Addition

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

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

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

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

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

Oct 3, 2000

Date

705-328-9837

Daytime Phone #

FILED
SECRETARY OF STATE
CORPORATIONS

00 DEC -8 PM 12:17



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2402605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (5/00)

2

Malvern Development Corporation

800-665-8183

November 10, 2000

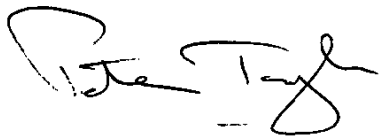
Florida Department of State
Uniform Business Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

We apologise for submitting our report late as it went astray in the mail -- it went to our old address.

We request that the fee and penalty be waived. We submit the yearly fee of \$150.00

Thank you.

Respectfully,



Peter Taylor
Director