## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Mar 02, 2001 8:00 am **DOCUMENT # H03750** Secretary of State 1. Entity Name CAN-LON FLORIDA, INC. 03-02-2001 90080 008 \*\*\*150.00 Principal Place of Business Mailing Address C/O STEVEN M. SAMAHA C/O STEVEN M. SAMAHA 201 N FRANKLIN ST., STE 2100 201 N FRANKLIN ST., STE 2100 TAMPA FL 33602 **TAMPA FL 33602** 2. Principal Place of Business 3. Mailing Address c/o Larry Geimer c/o Larry Geimer Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 890-1515 Ringling Blvd 890-1515 <u>Ringling Blvd</u> City & State City & State 4. FEI Number Applied For 59-2408652 Sarasota FL Not Applicable Sarasota FL Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34236 USA 34236 USA Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Ge<u>imer, Larry</u> SAMAHA, STEVEN M., ESQ. Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN ST., SUITE 2100 890-1515 Ringling Blvd. TAMPA FL 33602 City Sarasota 8. The above named entity submits this statement for the purped of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPST** ☐ Delete TITLE ☐ Change Addition SISKIND, ROBERT NAME STE 303, 252 PALL MALL ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONDON, ONTARIO N6A-5P6 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SAMAHA, STEVEN M. NAME NAME STREET ADDRESS 201 N. FRANKLIN ST., STE 2200 STREET ADDRESS CITY-ST-7IP TAMPA FL 33602 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

Robert Siskind

February 22, 2001

☐ Change

☐ Addition