

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 26 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000674

1. Entity Name
AM CAN CONSULTANTS, L.C.

Principal Place of Business
266 ELMWOOD AVENUE, SUITE 287
BUFFALO NY 14222

Mailing Address
266 ELMWOOD AVENUE, SUITE 287
BUFFALO NY 14222-2202

2. Principal Place of Business
199 RIDGE RD.
Suite, Apt. #, etc.

3. Mailing Address
266 ELMWOOD AVE.
Suite, Apt. #, etc.
STE. 289

City & State
RIDGEWAY, ONTARIO
Zip
LOS 1N0
Country
CANADA

City & State
BUFFALO, NY
Zip
14222
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1082317
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAX CO.
% MCGUIRE WOODS BATTLE & BOOTHE, LLP
50 NORTH LAURA ST., 3300 BARNETT CENTER
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
MCGUIRE WOODS BATTLE & BOOTHE
Street Address (P.O. Box Number is Not Acceptable)
3300 BARNETT CENTER
50 N. LAURA ST.
City JACKSONVILLE FL Zip Code 32202

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCGRATH, BLAINE 199 RIDGE ROAD RIDGEWAY, ONTARIO CANADA LOS -1N0	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUGHES, ELIZABETH 199 RIDGE ROAD RIDGEWAY, ONTARIO CANADA LOS -1N0	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	200003245462-5 -05/09/00--01118--019 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELIZABETH HUGHES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

APR 24, 2000 905-894-4899
Date Daytime Phone #

CR2E083 (9/99)