

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90505 021 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M55695

1. Entity Name
WHEELOAN FINANCIAL CORP.



90099680

Principal Place of Business
**6462 RACQUET CLUB DRIVE
LAUDERHILL, FL 33319 US**

Mailing Address
**POST OFFICE BOX 511
FRIENDLY ISLAND
ALEXANDRIA BAY, NY 13607 US**

2. Principal Place of Business

3. Mailing Address
30 Production Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Scarborough, Ontario

Zip

Country

Zip

Country

M1H 2X8 Canada



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2827684

Applied For

Not Applicable

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

**WEBNER, DALE F.
POST OFFICE BOX 266947
2442 POINCIANA COURT
WESTON, FL 33326**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to: Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
STREN, STEPHEN J
POST OFFICE BOX 511 FRIENDLY ISLAND
ALEXANDRIA BAY, NY 13607** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
STREN, CYNTHIA E
POST OFFICE BOX 511 FRIENDLY ISLAND
ALEXANDRIA BAY, NY 13607** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
STREN, SCOTT A
POST OFFICE BOX 511 FRIENDLY ISLAND
ALEXANDRIA BAY, NY 13607** ☐ Delete

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEPHEN J. STREN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2003
Date

416 439-7900
Daytime Phone #

CR2E034 (10/02)