

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M60119

1. Entity Name

THE CANTER CORPORATION

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90009 028 ***150.00

Principal Place of Business

568 E WOOLBRIGHT RD
#466
BOYNTON BEACH FL 33435
US

Mailing Address

568 E WOOLBRIGHT RD
#466
BOYNTON BEACH FL 33435-6033
US

2. Principal Place of Business

5111-C N OCEAN BLVD
Suite, Apt. #, etc.

3. Mailing Address

5111-C N OCEAN BLVD
Suite, Apt. #, etc.

City & State

OCEAN RIDGE

City & State

FLORIDA

4. FEI Number

65-0006281

Applied For

Not Applicable

Zip

33435

Country

USA

Zip

33435

Country

USA

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

CANTER, CARL H
5111-C N OCEAN BLVD
OCEAN RIDGE FL 33435

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CANTER, CARL H.
STREET ADDRESS 5111C N OCEAN BLVD
CITY-ST-ZIP OCEAN RIDGE FL

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

TITLE SD
NAME CANTER, STEPHANIE
STREET ADDRESS 5111C N OCEAN BLVD
CITY-ST-ZIP OCEAN RIDGE FL

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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: CARL H. CANTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 (561) 265-3221
Date Daytime Phone #

CR2E034 (9/99)