

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94363

1. Entity Name

CANOE COUNTRY RENTALS, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90063 020 ***150.00

Principal Place of Business

6493 54TH AVENUE, NORTH
ST. PETERSBURG FL 33709
US

Mailing Address

669 FIRST AVENUE NORTH
~~667 OFFICE BOX 23~~
ST. PETERSBURG FL 33701
US

2. Principal Place of Business

3. Mailing Address

669-1ST AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ST. PETERSBURG FL

4. FEI Number 59-2906435

Applied For

Not Applicable

Zip

Country

Zip

Country

33701

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

PIPER, JAN J.
669 FIRST AVENUE NORTH
ST. PETERSBURG FL 33701

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, 2001 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 SIEBEL, MICHAEL J.
STREET ADDRESS 6493 54TH AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL J. SIEBEL APRIL 16, 2001

777 545-9554

CR2E034 (10/00)