

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90123 048 ***150.00

DOCUMENT # M94363

1. Entity Name
CANOE COUNTRY RENTALS, INC.



Principal Place of Business
6493 54TH AVENUE, NORTH
ST. PETERSBURG FL 33709
US

Mailing Address
669-1ST AVENUE NORTH
ST. PETERSBURG FL 33701
US

2. Principal Place of Business

3. Mailing Address

6493-54TH AVE N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ST PETERSBURG FL

Zip

Country

Zip

33709

Country

USA

4. FEI Number

59-2906435

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

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
JOSEPH H. LANG

Street Address (P.O. Box Number is Not Acceptable)
669 FIRST AVE N.

ST. PETERSBURG

City

FL

Zip Code

33701

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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
PD
SIEBEL, MICHAEL J.
6493 54TH AVE. N.
ST. PETERSBURG FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)