

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Mar 26, 2003 8:00 am
Secretary of State

02-24-2003 90972 024 ***150.00

DOCUMENT # P00000013800

1. Entity Name

CANAANEW, INC.



Principal Place of Business

1755 N. CENTRAL AVE
FLAGLER BEACH FL 32136

Mailing Address

1755 N. CENTRAL AVE
FLAGLER BEACH FL 32136

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1840 S. PALMETTO AVE

Suite, Apt. #, etc.

S. DAYTONA BEACH

City & State

FLORIDA

Zip
32119

Country

USA

4. FEI Number

91-2025415

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

CORUJO, GABRIEL C

1755 N. CENTRAL AVE

FLAGLER BEACH FL 32136

7. Name and Address of New Registered Agent

Name

CORUJO, GABRIEL

Street Address (P.O. Box Number is Not Acceptable)

1840 S. PALMETTO AVE

S. DAYTONA BEACH

City

FL

Zip Code

32119

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

TITLE ☐ Delete
NAME CORUJO, GABRIEL B
STREET ADDRESS 1755 N. CENTRAL AVE
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS CORUJO, GABRIEL
CITY-ST-ZIP 1840 S. PALMETTO AVE
SOUTH DAYTONA, FL 32119

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

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)