

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/3

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90033 001 \*\*\*150.00

**DOCUMENT # P00000046420**

1. Entity Name

**AFFILIATEDCANADA.COM, INC.**

*Asset Capital Finance of North America Inc*

Principal Place of Business

2871 GLORIA COURT  
 CLEARWATER FL 33761

Mailing Address

P.O. BOX 15755  
 CLEARWATER FL 33766-5755

2. Principal Place of Business

3. Mailing Address

**2871 GLORIA CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**CLEARWATER FL**

Zip

Country

Zip

Country

**33761**

**USA**

4. FEI Number

**59-3646281**

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

**CHECHELE, T. S**  
**5625 CENTRAL AVENUE**  
**ST. PETERSBURG FL 33710**

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** ☒ Delete  
 NAME **FINLAY, MALCOLM**  
 STREET ADDRESS **56 TEMPEANCE STREET, 3RD FLOOR**  
 CITY-ST-ZIP **TORONTO, ONTARIO M5H3V5**

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

TITLE **VD** ☐ Delete  
 NAME **COFFIN, TIMOTHY V**  
 STREET ADDRESS **19664 LOST CREEK DRIVE**  
 CITY-ST-ZIP **FORT MYERS FL 33912**

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

TITLE **SD** ☐ Delete  
 NAME **LOY, JEFFREY A**  
 STREET ADDRESS **2871 GLORIA COURT**  
 CITY-ST-ZIP **CLEARWATER FL 33761**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

*Timothy V. Coffin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)