

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2001 8:00 am**  
**Secretary of State**

07-23-2001 90002 015 \*\*\*550.00

**DOCUMENT # P00000090280**

1. Entity Name

**PREMDOR CORPORATION**

Principal Place of Business

**ONE NORTH DALE MABRY HWY.  
 SUITE 940  
 TAMPA FL 33609**

Mailing Address

**ONE NORTH DALE MABRY HWY.  
 SUITE 940  
 TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**38-1422703**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MACISACC, STEVE  
 ONE NORTH DALE MABRY HWY.  
 SUITE 940  
 TAMPA FL 33609**

7. Name and Address of New Registered Agent

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

TITLE **CS** ☐ Delete  
 NAME **ORSINO, PHILIP S**  
 STREET ADDRESS **1600 BRITANNIA RD. E.**  
 CITY-ST-ZIP **MISSISSAUGA ONTARIO L4W1JA**

TITLE **VD** ☐ Delete  
 NAME **MACISAAC, STEVEN**  
 STREET ADDRESS **1 NORTH DALE MABRY, #940**  
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **VSD** ☐ Delete  
 NAME **ULSTER, HARLEY**  
 STREET ADDRESS **1600 BRITANNIA RD. E**  
 CITY-ST-ZIP **MISSISSAUGA, ONTARIO L4W1JA**

TITLE **VD** ☒ Delete  
 NAME **WAMSLEY, TED**  
 STREET ADDRESS **1 NORTH DALE MABRY #940**  
 CITY-ST-ZIP **TAMOA FL 33609**

TITLE **VD** ☒ Delete  
 NAME **MARTINO, RALPH**  
 STREET ADDRESS **1 NORTH DALE MABRY #940**  
 CITY-ST-ZIP **TAMOA FL 33609**

TITLE **VP** ☐ Delete  
 NAME **TUBBESING, ROBERT**  
 STREET ADDRESS **1600 BRITANNIA RD E**  
 CITY-ST-ZIP **MISSISSAUGA, ON L4W 1S2**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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:

*Robert V. Tubbesing*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 11/01*  
 Date Daytime Phone # **905-670-6500**

CR2E034 (5/01)