

FILED
May 29, 2002 8:00 am
Secretary of State
05-02-2002 90078 037 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111513

1. Entity Name
CANICE, INC.

Principal Place of Business

1776 RINGLING BLVD
SARASOTA FL 34236

Mailing Address

1776 RINGLING BLVD
SARASOTA FL 34236

2. Principal Place of Business

4145 S. Tamiami

Suite, Apt. #, etc.

Trail

3. Mailing Address

4145 S. Tamiami

Suite, Apt. #, etc.

Trail

City & State

Venice, FL

City & State

Venice, FL

Zip
34293

Country U.S.

Zip
34293

Country U.S.

4. FEI Number

65-1062812

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRELL, DONALD J
1776 RINGLING BLVD
SARASOTA FL 34236

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

Mary Roof
Signature, typed or printed name of registered agent and title if applicable.

President

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-02

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, 2002 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

| | |
|----------------|--|
| TITLE NAME | President Mary Roof <input type="checkbox"/> Delete |
| STREET ADDRESS | 1133 Olga Court |
| CITY-ST-ZIP | Venice FL 34293 |
| TITLE NAME | Secretary/Treasurer <input type="checkbox"/> Delete |
| STREET ADDRESS | Nancy Winship |
| CITY-ST-ZIP | 90215 Delaware Ave Tampa FL 33606 |
| TITLE NAME | Asst. Secretary <input type="checkbox"/> Delete |
| STREET ADDRESS | Susan Foessler |
| CITY-ST-ZIP | 7 Flint Locke Lane Medfield Mass - 02052 |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

Mary Roof

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

941-408-1800

Daytime Phone #

CR2ED34 (9/01)