2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

D01000017070 DOCUMENT

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FILED Jan 21, 2003 8:00 am Secretary of State

1. Entity Name		017079	i.			01-21-2003 90218	018 ***150.	00	
Principal Place of Business 1515 RINGLING BLVD #890 SARASOTA FL 34237 US 2. Principal Place of Business		Mailing Address 1515 RINGLING BLVD #890 SARASOTA FL 34237 US 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				. CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FI	65-1083575		plied For t Applicable	
Zip	Country	Zip	Count	ry	5 . C	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent			7. N	ame and Address of New Registere	d Agent		
				Name				<u></u>	
HENDRICKSON, ROBERT W-III 1206 MANATEE AVENUE WEST				Street Address (P.O. Box Number is Not Acceptable)					
	ON FL 34205								
DIADLITI	JN 1 L 04200		!	City	<u></u>	F	Zip Code	9	
8. The above the obligation	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or reg	istered age	ent, or both, in the State of Florida. I a	m familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent ar	d title if applicable. (NOT	E: Registere	d Agent signature re	quired when rei	nstating) DATE		<u></u>	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of			··		Election Campaign Financing Trust Fund Contribution.	☐ Added	0 May Be I to Fees	
10. **	OFFICERS AND [11.		AD	DITIONS/CHANGES TO OFFICERS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHEALY, THOMAS G 303 - 252 PALL MALL ST LONDON ONTARIO CA N6A- 5P6	☐ Delete					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMPON ORTANIO ON NON- SI O	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS		Delete		EET ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITL NAM STR	ME EET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STR		`		☐ Change	☐ Addition	
TITLE		☐ Delete	TITL				☐ 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (10/02)