

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 01, 2002 8:00 am
Secretary of State

08-15-2002 90047 013 ***558.75

DOCUMENT # P01000048475

1. Entity Name

CANADIAN SUBCONTRACTOR INC.

Principal Place of Business

610 KINGSMILL COVE. #212
 LAKE MARY FL 32746

Mailing Address

610 KINGSMILL COVE. #212
 LAKE MARY FL 32746

43315

2. Principal Place of Business

511 Sage Creek Court
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 196575
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Springs FL
 Zip Country

City & State

Winter Springs FL
 Zip Country

4. FEI Number

59-3746363

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LESSARD, PAUL
 610 KINGSMILL COVE, #212
 LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, and the obligations of registered agent. I am familiar with, and accept

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 13, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (4/02)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE REQUIRED

8-13-02 467-688-9144

Date

Daytime Phone #