

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10721

1. Entity Name

SERVICES D'ADMINISTRATION VIJO INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90098 031 ***150.00

Principal Place of Business

5755 DESJARDINS
ST. HYACINTHE. J2S 1A6

Mailing Address

5755 DESJARDINS
ST. HYACINTHE. J2S 1A6

2. Principal Place of Business

1155 CHEMIN BRUNELLE

Suite, Apt. #, etc.

3. Mailing Address

1155 CHEMIN BRUNELLE

Suite, Apt. #, etc.

City & State

CARIGNAN, QUEBEC

City & State

CARIGNAN, QUEBEC

Zip

J3L 4A7

Country

CANADA

Zip

J3L 4A7

Country

CANADA

4. FEI Number

NOT APPLICABLE

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

**LACAILLE, SYLVAIN
14050 S.W. 16TH AVENUE
OCALA FL 32676**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
POIRIER, PIERRETTE
943 DES CEDRES
OTTERBURN PARK,P.Q. J3H 5R4** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LACAILLE, MARCEL
89 RANG ST-ANDRE
ST BERNARD DE LACOLLE** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/04/2001

Daytime Phone #

450-658-4048

CR2E034 (10/00)