

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0159748 IN

DOCUMENT # P10721

1. Entity Name
SERVICES D'ADMINISTRATION VIJO INC.



APPROVED
AND
FILED

03 SEP -9 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1155 CHEMIN BRUNELLE
CARIGNAN, QUEBEC J3L- 4A7

Mailing Address
1155 CHEMIN BRUNELLE
CARIGNAN, QUEBEC J3L- 4A7

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 NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME S POIRIER, PIERRETTE ☒ Delete
STREET ADDRESS 943 DES CEDRES
CITY-ST-ZIP OTTERBURN PARK,P.O. J3H 5R4

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600022883756
CITY-ST-ZIP 09/09/03--01059--011 **550.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/09/2003

450-658-4008

Date

Daytime Phone #

CR2E034 (4/03)