

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12779

1. Entity Name

CANLON, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90150 033 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O STEVEN M. SAMAHA  
201 N FRANKLIN ST., STE 2100  
TAMPA FL 33602

C/O STEVEN M. SAMAHA  
201 N FRANKLIN ST., STE 2100  
TAMPA FL 33602-5167

c/o Steven M. Samaha, Esq. c/o Steven M. Samaha, Esq.

2. Principal Place of Business  
201 N. Franklin St.

3. Mailing Address  
201 N. Franklin St.

Suite, Apt. #, etc.  
Suite 2200

Suite, Apt. #, etc.  
Suite 2200

City & State  
Tampa, FL

City & State  
Tampa, FL

4. FEI Number 75-1767288

Applied For  
Not Applicable

Zip  
33602

Country  
USA

Zip  
33602

Country  
USA

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

SAMAH, STEVEN M., ESQ.  
201 N. FRANKLIN ST., SUITE 2100  
TAMPA FL 33602

Name  
Steven M. Samaha, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
201 N. Franklin St.  
Suite 2200

City Tampa FL Zip Code 33602

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PD SISKIND, ROBERT STE 303, 252 PALL MALL ST LONDON ON N6A- 5P6	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SISKIND, SHELLY STE 303, 252 PALL MALL ST LONDON ON N6A- 5P6	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAMAH, STEVEN M. 201 N FRANKLIN ST STE 2100 TAMPA FL 33602	<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"/> Change <input 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	VD Steven M. Samaha 201 N. Franklin St., Suite 2200 Tampa, FL 33602 <input checked="" type="checkbox"/> Change <input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert G. Siskind April 24, 2000 (519) 672-1585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)