

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90090 038 ***150.00

DOCUMENT # P23715

1. Entity Name

787718 ONTARIO INC.

Principal Place of Business

**16630 DUFFERIN STREET
 KING CITY, CANADA ON L7B- 1K5**

Mailing Address

**16630 DUFFERIN STREET
 KING CITY, CANADA ON L7B- 1K5**

2. Principal Place of Business

**16630 DUFFERIN STREET
 Suite, Apt. #, etc.**

3. Mailing Address

**910 M. ISBISTER
 Suite, Apt. #, etc.
 16630 DUFFERIN STREET**



DO NOT WRITE IN THIS SPACE

City & State

KING CITY, ONTARIO

City & State

KING CITY, ONTARIO

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

L7B 1K5

Country

CANADA

Zip

L7B 1K5

Country

CANADA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, JOHN III
 1645 PALM BEACH LAKES BLVD
 SUITE 1200
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **BAINBRIDGE, DONALD C.**
 CITY-ST-ZIP **RR 2 COMP 300
 SHANTY BAY, ON. L0L 2L0**

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **BAINBRIDGE, SHIRLEY A.**
 CITY-ST-ZIP **RR2 COMP 300
 SHANTY BAY, ON. L0L 2L0**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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]* **PRESIDENT February 905-726-9000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)