

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90045 016 ***150.00

DOCUMENT # P23715

1. Entity Name
787718 ONTARIO INC.



Principal Place of Business
16630 DUFFERIN STREET
KING CITY, ONTARIO CA L7B -K5

Mailing Address
16630 DUFFERIN STREET
KING CITY, ONTARIO CA L7B -K5



2. Principal Place of Business
16630 DUFFERIN STREET
Suite, Apt. #, etc.

3. Mailing Address
970 M. ISBISTER
Suite, Apt. #, etc.
16630 DUFFERIN STREET

☐ CHECK HERE IF MAKING CHANGES

City & State
KING CITY, ONTARIO
Zip **L7B 1K5** **Country** **CANADA**

City & State
KING CITY, ONTARIO
Zip **L7B 1K5** **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

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD	BAINBRIDGE, DONALD C.	RR 2 COMP 300 SHANTY BAY, ON. L0L 2L0	
	SD	BAINBRIDGE, SHIRLEY A.	RR2 COMP 300 SHANTY BAY, ON. L0L 2L0	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 Required
Signature and Typed or Printed Name of Signing Officer or Director
DONALD C. BAINBRIDGE

FEB. 27 / 03 **905-726-9000**
Date **Daytime Phone #**

CR2E034 (10/02)