

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30093

1. Entity Name

MILCOMBE HOUSE INVESTMENTS LIMITED COMPANY

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90034 009 ***158.75

Principal Place of Business

Mailing Address

MAPLEGROVE DRIVE
ONTARIO L6J 4D8
CANADA L6J 4T8

1 MAPLEGROVE DRIVE
OAKVILLE, ONTARIO L6J 4D8
CANADA L6J 4T8
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

L6J-4T8

Zip

Country

L6J-4T8

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, GARY K.
1100 FIFTH AVENUE SOUTH, SUITE 211
NAPLES FL 33940

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, 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

TITLE	S	<input type="checkbox"/> Delete
NAME	HARRIGAN, KENNETH W.	
STREET ADDRESS	1 MAPLEGROVE DRIVE	
CITY-ST-ZIP	OAKVILLE, ONTARIO L6J-4T8	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARRIGAN, MARGARET JEAN	
STREET ADDRESS	1 MAPLEGROVE DRIVE	
CITY-ST-ZIP	OAKVILLE, ONTARIO L6J-4T8	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOMLINSON, TARA L.	
STREET ADDRESS	7 HARPERS CROFT	
CITY-ST-ZIP	UNIONVILLE, ONTARIO L3R-6L1	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIGAN, STEPHEN C.	
STREET ADDRESS	6826 SUMMER HEIGHTS	
CITY-ST-ZIP	MISSISSAUGUA ON	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

ZIP L5N-7E7

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

Feb 21, 2000

Date

705-843-8506

Daytime Phone #

CR2E034 (9/99)