

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30320

1. Entity Name

833845 ONTARIO LIMITED CORPORATION

Principal Place of Business

2221 LEE ROAD
SUITE 24
WINTER PARK FL 32789
US

Mailing Address

2221 LEE ROAD
SUITE 24
WINTER PARK FL 32789
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PRATT, JAMES R ESQ.
GRAHAM, CLARK, JONES, BUILDER, PRATT & MARKS
369 NORTH NEW YORK AVENUE, 3RD FLOOR
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 re-instating)

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, 2001 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 NAME STREET ADDRESS CITY-STATE-ZIP	PD SILVER, SHOEL 2221 LEE ROAD, SUITE 24 WINTER PARK FL 32789	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ASD COOPER, BERNARD 2221 LEE ROAD, SUITE 24 WINTER PARK FL 32789	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AS PATON, SAUL 2221 LEE ROAD, SUITE 24 WINTER PARK FL 32789	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPSD SILVER, EILEEN 2221 LEE ROAD, SUITE 24 WINTER PARK FL 32789	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHOEL SILVER

APRIL 20, 2001

Date

407-645-1256

Next File Number



DO NOT WRITE IN THIS SPACE

04/05/01

CR2E037 (10/00)