

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90139 041 ***150.00

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

10649 MASTERS DRIVE

3. Mailing Address

ONE YORKDALE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc. **SUITE 510**

City & State **CLERMONT, FLORIDA**

TORONTO, ONTARIO

4. FEI Number

98-0112573

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

M6A 3A1

Country

CANADA

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

PRATT, JAMES R ESQ.

GRAHAM, CLARK, JONES, BUILDER, PRATT & MARKS

369 NORTH NEW YORK AVENUE, 3RD FLOOR

WINTER PARK FL 32789

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVER, SHOEL 2221 LEE ROAD, SUITE 24 WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD COOPER, BERNARD 2221 LEE ROAD, SUITE 24 WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PATON, SAUL 2221 LEE ROAD, SUITE 24 WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SILVER, EILEEN 2221 LEE ROAD, SUITE 24 WINTER PARK FL 32789	<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	ONE YORKDALE RD, STE 510 TORONTO, ON M6A 3A1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE YORKDALE RD, STE 510 TORONTO, ON M6A 3A1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 April 2002 (416) 785-6000

Date

Daytime Phone #

CR2E034 (9/01)