

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

FILED

03 JUL 17 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

919866 Ontario P 34820



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

15 Apple Orchard Park

Suite, Apt. #, etc.

3. Mailing Address

15 Apple Orchard Park

Suite, Apt. #, etc.

City & State

Thornhill, Ontario

Zip

Country

Canada

City & State

Thornhill, Ontario

Zip

Country

Canada

4. FEI Number

98-0117267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

AMATO, Louis X Esq

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

350 Fifth Ave S. #200

City

Naples

FL

Zip Code

34103

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
Lashmar, Maude Meredith  
15 Apple Orchard Park  
Thornhill, Ont CA

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

M M Lashmar Maude Meredith Lashmar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

905-882-095

CR2E034B (12/02)



RESIDENTIAL  
REAL ESTATE, INC.

RENTAL DIVISION  
3627 TAMiami TRAIL NORTH  
NAPLES, FL 34103-3713

BUS. (239) 434-7727  
TOLL FREE (800) 248-7727  
FAX (239) 434-8847  
[www.naplesresortproperties.com](http://www.naplesresortproperties.com)

June 27, 2003

Michelle Mulligan  
Florida Dept of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FLA 32302

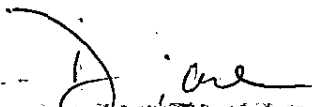
Dear Michelle:

It was very nice to speak with you today.

Enclosed is the original paperwork and check she originally sent along with our company's replacement check. Please note the deletion of Reginald Lashmar. He suddenly died.

Thank you very much for working this situation out for Mrs. Lashmar.

Sincerely,



Diane J. Brennan