

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36098

1. Entity Name

951580 ONTARIO LIMITED, A CANADIAN CORPORATION

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

03-01-2000 90026 022 ***150.00

Principal Place of Business	Mailing Address
140 KAY CRESCENT ONTARIO CANADA P498A-9	140 KAY CRESCENT TIMMINS, ONTARIO CANADA P498A



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
NOT APPLICABLE	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KAMECK, BARBARA L
1777 TAMiami TRAIL
#5000
PORT CHARLOTTE FL 33948

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.

SIGNATURE *Barbara Kameck* (NOTE: Registered Agent signature required when reinstating) DATE 11/2/00

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	CPV <input type="checkbox"/> Delete
NAME	BARNES, REGINALD
STREET ADDRESS	140 KAY CRESCENT
CITY-ST-ZIP	TIMMINS, ONTARIO CANADA P498A-9
TITLE	ST <input type="checkbox"/> Delete
NAME	BARNES, REGINALD
STREET ADDRESS	140 KAY CRESCENT
CITY-ST-ZIP	TIMMINS, ONTARIO CANADA P498A-9
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Reginald Barnes* **REGINALD BARNES** DATE 11/2/2000 DAYTIME PHONE # 705 267-5728

CR2E034 (9/99)