

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90107 022 ***150.00

DOCUMENT # P93000040138

1. Entity Name

ARALCO FLORIDA INC.

Principal Place of Business

Mailing Address

26324 HONG KONG ROAD
 PUNTA GORDA FL 33983

785 PARTRIDGE DR
 BURLINGTON. CAN. L7T2Z6
 OC

2. Principal Place of Business

3. Mailing Address

785 PARTRIDGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BURLINGTON, ONT.

4. FEI Number

65-0422935

Applied For

Not Applicable

Zip

Country

Zip

Country

L7T2Z6

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

KELLY, RALPH
3080 GREY HERON CIRCLE
VENICE FL 34293

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
 NAME **KELLEHER JR, TERRENCE C**
 STREET ADDRESS **785 PARTRIDGE DR**
 CITY-ST-ZIP **BURLINGTON ONT CA**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17th. MARCH 2000

Date

905- 6328205

Daytime Phone #

CR2E034 (9/99)