

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000059321

1. Entity Name  
SKY SERVICE LIFEGUARD, INC.

Principal Place of Business  
1521 ALTON RD  
SUITE 400  
MIAMI BEACH FL 33139  
US

Mailing Address  
1521 ALTON RD  
SUITE 400  
MIAMI BEACH FL 33139  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number 65-0443658 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

EWING, DAVID  
1521 ALTON ROAD  
SUITE 400  
MIAMI BEACH FL 33139

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
200004743662-9  
-12/31/01--01012--011  
\*\*\*\*150.00 \*\*\*\*150.00  
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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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-ST-ZIP	PTS MCMURRAY, SID 119 DEERCREEK RD., UNIT N201 DEERFIELD BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYSON, RUSSELL 5501 ELECTRA ROAD MISSISSAUGA ONTARIO CA L5P-1-1	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CASGRAIN, TIM 5501 ELECTRA ROAD MISSISSAUGA ONTARIO CA L5P-1-1	<input checked="" 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		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMURRAY, SID 119 DEERCREEK RD. UNIT N201 DEERFIELD BEACH FLA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAYSON, RUSSELL 6120 MIDFIELD RD. MISSISSAUGA ONTARIO CAN. L5P 1B1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CASGRAIN, TIM 6120 MIDFIELD RD. MISSISSAUGA ONTARIO CAN L5P 1B1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUFF-CARON, CATHERINE 6120 MIDFIELD RD. MISSISSAUGA ONTARIO CAN L5P 1B1	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: C. SIGNATURE FEATHERNEED DUFF-CARON, SECRETARY 26 NOV 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC 14 PM 4: 05



DO NOT WRITE IN THIS SPACE

0041270 AV

CR2034 (5/01)



2 of 2

November 29, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL  
32302-1500

Dear Sirs:

**RE: Sky Service Lifeguard, Inc. FEI No.: 65-0443658**  
**Our file: 500-006**

Please find enclosed the following:

1. 2001 Uniform Business Report with changes and duly signed on November 26, 2001;  
and
2. A cheque in the amount of US \$150.00 to the Florida Department of State Division of Corporations.

Please note that we only received the above mentioned form in October 2001 and it was to be returned to you by September 12, 2001. As such we would request that you waive the reinstatement fee of US \$600. We would also request that in future kindly send the above mentioned forms to the address below to avoid any further delays in filing on our part.

Sky Service Lifeguard, Inc.  
c/o Skyservice Airlines Inc.  
9785 Ryan Avenue  
Dorval, Quebec  
Canada  
H9P 1A2  
Attention: Catherine Duff-Caron, General Counsel

Yours sincerely,

A handwritten signature in cursive script, appearing to read "Patricia Murphy".

Patricia Murphy  
Legal Assistant

encl.