

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90278 025 \*\*\*150.00

**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

3. Mailing Address

**9785 RYAN AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Dorval, Quebec**

Zip

Country

Zip

Country

**H9P1A2 CANADA**

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

7. Name and Address of New Registered Agent

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

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 **D** ☐ Delete  
 NAME **MCMURRAY, SID**  
 STREET ADDRESS **119 DEERCREEK RD., UNIT N201**  
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **DS** ☒ Change ☐ Addition  
 NAME **SID MCMURRAY**  
 STREET ADDRESS **119 Deercreek Rd. Unit N201**  
 CITY-ST-ZIP **Deerfield Beach FL**

TITLE **DP** ☐ Delete  
 NAME **RUSSELL, PAYSON**  
 STREET ADDRESS **6120 MIDFIELD ROAD**  
 CITY-ST-ZIP **MISSISSAUGA ONTARIO CA L5P-1B1**

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

TITLE **CD** ☐ Delete  
 NAME **CASGRAIN, TIM**  
 STREET ADDRESS **6120 MIDFIELD ROAD**  
 CITY-ST-ZIP **MISSISSAUGA ONTARIO CA L5P-1B1**

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

TITLE **S** ☒ Delete  
 NAME **DUFF-CARON, CATHERINE**  
 STREET ADDRESS **6120 MIDFIELD ROAD**  
 CITY-ST-ZIP **MISSISSAUGA ONTARIO CA L5P1B-1**

TITLE **Assistant Secretary** ☒ Change ☐ Addition  
 NAME **DUFF-CARON, Catherine**  
 STREET ADDRESS **6120 Midfield Road**  
 CITY-ST-ZIP **MISSISSAUGA, ONT. L5P 1B1**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

**SIGNATURE REQUIRED: DUFF-CARON, ASST SECRETARY APRIL 29, 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(S14)-636-5250-#2278

CR2E034 (9/01)