## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P93000059321

Entity Name: SKY SERVICE LIFEGUARD, INC.

Apr 07, 2003 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1521 ALTON RD SUITE 400

MIAMI BEACH, FL 33139 US

**Current Mailing Address: New Mailing Address:** 

9785 RYAN AVE 9785 RYAN AVE

QUEBEC, CA h9p1a2 US DORVAL, QC H9P1A2 CA

FEI Number: 65-0443658 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Title:

Date

Electronic Signature of Registered Agent

## Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete MC MUERAY, SID Name: Name:

MC MURRAY, SID 6120 MIDFIELD ROAD 119 DEERCREEK RD., UNIT N201 Address: Address:

City-St-Zip: DEERFIELD BEACH, FL

City-St-Zip: MISSISSSAUGA,, ON L4W 2P7 CA

Title: DΡ Title: DΡ () Delete (X) Change ( ) Addition Name:

RUSSELL, PAYSON Name: RUSSELL, PAYSON 6120 MIDFIELD ROAD 6120 MIDFIELD ROAD Address: Address:

MISSISSAUGA, CA L5P-1B1 MISSISSAUGA, ON L4W 2P7 CA City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: CD () Delete CD

CASGRAIN, TIM CASGRAIN, TIM Name: Name: 6120 MIDFIELD ROAD 6120 MIDFIELD ROAD Address: Address:

City-St-Zip: MISSISSAUGA, CA L5P-11B1 City-St-Zip: MISSISSAUGA, ON L4W 2P7 CA

Title: ( ) Delete Title: (X) Change ( ) Addition

DUFF-CARON, CATHERINE DUFF-CARON, CATHERINE Name: Name: Address: 6120 MIDFIELD ROAD Address: 6120 MIDFIELD ROAD City-St-Zip: City-St-Zip: MISSISSAUGA, CA L5P1B1 MISSISSAUGA, ON L4W 2P7 CA

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE DUFF-CARON AS 04/07/2003