

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004832

1. Entity Name

KINGSWAY PINESTONE CORPORATION

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

05-24-2000 90185 036 ***150.00

Principal Place of Business

Mailing Address

C/O STEVEN M. SAMAHA, ESQ.
201 N. FRANKLIN STREET, SUITE 2100
TAMPA FL 33602

C/O STEVEN M. SAMAHA, ESQ.
201 N. FRANKLIN STREET, SUITE 2100
TAMPA FL 33602-5167

c/o Steven M. Samaha, Esq. c/o Steven M. Samaha, Esq.

2. Principal Place of Business

201 N. Franklin St.

3. Mailing Address

201 N. Franklin St.

Suite, Apt. #, etc.
Suite 2200

Suite, Apt. #, etc.
Suite 2200

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number 59-3288727

Applied For

Not Applicable

Zip
33602

Country
USA

Zip
33602

Country
USA

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

WOLFE, RANDOLPH J
201 N. FRANKLIN ST.
SUITE 2100
TAMPA FL 33602

Name Randolph J. Wolfe

Street Address (P.O. Box Number is Not Acceptable)

201 N. Franklin St.

Suite 2200

City Tampa FL Zip Code 33602

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 DPST ☐ Delete
NAME WHEALY, THOMAS
STREET ADDRESS 252 PALL MALL STREET, SUITE 303
CITY-ST-ZIP LONDON ONTARIO CA N6A- 5P6

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2000

Date

(519) 672-1585

Daytime Phone #

CR2E034 (9/99)