

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004832

1. Entity Name

KINGSWAY PINESTONE CORPORATION

Principal Place of Business

C/O STEVEN M. SAMAHA. ESQ.
201 N. FRANKLIN STREET, SUITE 2200
TAMPA FL 33602

Mailing Address

C/O STEVEN M. SAMAHA. ESQ.
201 N. FRANKLIN STREET, SUITE 2200
TAMPA FL 33602

2. Principal Place of Business

c/o Larry Geimer

Suite, Apt. #, etc.

890-1515 Ringling Blvd.

City & State

Sarasota FL

Zip

34236

Country

USA

3. Mailing Address

c/o Larry Geimer

Suite, Apt. #, etc.

890-1515 Ringling Blvd.

City & State

Sarasota FL

Zip

34236

Country

USA

6. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J
201 N. FRANKLIN ST.
SUITE 2200
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
Geimer, Larry

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

890-1515 Ringling Blvd.

City
Sarasota

FL

Zip Code
34236

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, 2001 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

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
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:

Thomas Whealy

February 16, 2001

(519)672-1585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90029 049 ***150.00

1401



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3288727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (10/00)

0625189