

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000074886

1. Entity Name

MASTERMARK PEWTER (NAPLES), INC.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90038 047 ***150.00

Principal Place of Business

Mailing Address

FIFESHIRE CRESCENT
ONT. K2E 7G8.CANADA

36 FIFESHIRE CRESCENT
NEPEAN. ONT. K2E 7G8.CANADA
OC

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0838350

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

WRIGHT, J.D.
% MEADOWS LEASING
5023 RINGWOOD MEADOW
SARASOTA FL 34235

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, 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	PD	<input type="checkbox"/> Delete
NAME	PEDDIE, E.Y.	
STREET ADDRESS	2331 KILDONAN AVENUE	
CITY-ST-ZIP	OTTAWA, ONTARIO CANADA K2B -7L1	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PEDDIE, I.	
STREET ADDRESS	2331 KILDONAN AVENUE	
CITY-ST-ZIP	OTTAWA, ONTARIO CANADA K2B -7L1	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, B.C.	
STREET ADDRESS	36 FIFESHIRE CRES	
CITY-ST-ZIP	WEPEAN, ONTARIO CANADA	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, J.D.	
STREET ADDRESS	36 FIFESHIRE CRES.	
CITY-ST-ZIP	WEPEAN, ONTARIO CANADA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

John Wright REQUIRED WRIGHT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

Date

Daytime Phone #

FEB 2/00