2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 09, 2001 8:00 am **DOCUMENT # P95000093561** Secretary of State 1. Entity Name LANDCASTER HOLDINGS, INC. 03-09-2001 90473 006 ***150 00 Mailing Address Principal Place of Business **BISHOPS UNIVERSITY** 38349 HIGHWAY 54 EAST ATTN: J. BOWEY BOX 81 **UNIT 166** ZEPHYRHILLS FL 33540 LENNOXVILLE. QUEBEC J1M -127 3. Mailing Address 2. Principal Place of Business MINO J.L. BOWEY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 11 GROVE PARK Applied For City & State 4. FEI Number City & State 59-3360598 Westmaunt QUEBEC Not Applicable Zip **\$8.75** Additional 5. Certificate of Status Desired CANADA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROWNSBERGER, J. G Street Address (P.O. Box Number is Not Acceptable) 38349 HIGHWAY 54 EAST **UNIT 166** ZEPHYRHILLS FL 33540 Zip Code City 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. le if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Addition TITLE □ Delete BOWEY, J. LORNE NAME BOWEY J. LORNE NAME STREET ADDRESS STREET ADDRESS **6 MACKENNON DR** 11 GEOVE PARK CITY-ST-ZIP CITY-ST-7IP LENNOXVILLE QUEBEC J1M 1Z7 Truom 129 W ☐ Addition ☐ Delete TITLE TITLE MONTY, DAVID NAME NAME STREET_ADDRESS 42 WILSON STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LENNOXVILLE, QUEBEC J1-M1N1 ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 261-10

514-937-9131

Daytime Phone #