

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076602

1. Entity Name
CAN-AM.COM, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90120 023 ***150.00

Principal Place of Business

13105 VANDERBILT DRIVE
SUITE 203
NAPLES FL 34110

Mailing Address

4208 E TAMiami TRAIL
303
NAPLES FL 34112

2. Principal Place of Business

3. Mailing Address

13105 VANDERBILT DRIVE

Suite, Apt. #, etc.

203

CITY & STATE
NAPLES FL

Zip
34110

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0698271

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

ROUX, HOWARD
4280 TAMiami TRAIL EAST
SUITE 303
NAPLES FL 34112

Name JOHN TINGLE

Street Address (P.O. Box Number is Not Acceptable)
13105 VANDERBILT DRIVE
SUITE 203

City NAPLES

FL

Zip Code 34110

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 John Tingle
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME TINGLE, JOHN
STREET ADDRESS 13105 VANDERBILT DRIVE, #203
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

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

TITLE D
NAME TINGLE, MARY
STREET ADDRESS 13105 VANDERBILT DRIVE, #203
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: John Tingle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR. 13/2001

Date

(941) 514-1220

Daytime Phone #

CR2E034 (10/00)