

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000925

1. Entity Name

JOHN W. MACKENZIE, INCORPORATED

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90048 012 \*\*\*150.00

Principal Place of Business Mailing Address  
209 VICTOR AVENUE  
TORONTO, ONTARIO, CANADA M4K -1B3

209 VICTOR AVENUE  
TORONTO, ONTARIO, CANADA M4K

00028239



DO NOT WRITE IN THIS SPACE

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 65-0719664  
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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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                      | <input type="checkbox"/> Delete |  | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME                                                  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP                                           |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME                                                  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP                                           |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME                                                  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP                                           |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME                                                  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP                                           |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME                                                  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | 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, without other like employment.

SIGNATURE: \_\_\_\_\_ Date: Feb 23 / 2000 Daytime Phone #: 905 513 8191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)