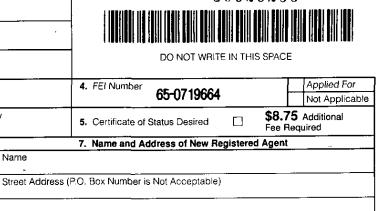
## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000000925** JOHN W. MACKENZIE, INCORPORATED Mailing Address Principal Place of Business 209 VICTOR AVENUE ~~ VICTOR AVENUE TORONTO, ONTARIO, CANADA M4K IUHUNIÚ, ONTARIO, CANADA M4K -1B3 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zio 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

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

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

00028233



SIGNATURE

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

DATE

City

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

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.

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Zip Code

| <b>i</b> 1.                           | OFFICERS AND DIRECTORS   | 12.  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|---------------------------------------|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Delete MACKENZIE, JOHN W 209 VICTOR AVENUE TORONTO, ONTARIO, CANADA M4K -183 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition                               |
| NAME STREET ADDRESS CITY-ST-ZIP       | ☐ Defete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | ☐ Change ☐ Addition                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | Change Addition                                   |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | ☐ Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | ☐ Change ☐ Addition                               |
| TITLE NAME 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 the place of the corporation of the corporation of the corporation of 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 the place of the corporation o

SIGNATURE:

SIGNATURE AND TYPES OB PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Feb 23 2000

905 513 819 |

Daytime Phone #