

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021782

1. Entity Name

CA-PLUS, INC. OF FLORIDA

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90114 045 ***550.00

Principal Place of Business

1135 PASADENA AVE S
#260
S PASADENA FL 33707
US

Mailing Address

6860 GULFPORT BLVD S
SUITE 356
ST PETERSBURG FL 33707
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

CA-Plus Inc.

3. Mailing Address

~~4255 S 19TH AVE~~

Suite, Apt. #, etc.

#200-197 Church St.

Suite, Apt. #, etc.

City & State

Toronto, ON

City & State

4. FEI Number

59-3472857

Applied For

Not Applicable

Zip

M4Y 2S2

Canada

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTER, ROBERT T
434 77TH AVENUE
ST. PETERSBURG FL 33706

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE DP
NAME CARTER, ROBERT
STREET ADDRESS 122 GRANBY ST
CITY-ST-ZIP TORONTO ON M5B 1J1 ☐ Delete

TITLE DST
NAME D'ANNA, PAUL F
STREET ADDRESS 84 RENAULT CRES
CITY-ST-ZIP TORONTO ON M9P 1 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE DV
NAME Mason, Daniel
STREET ADDRESS 341 Brookdale Ave.
CITY-ST-ZIP Toronto, ON M5M 1P9 ☐ Change ☒ Addition

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

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

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

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:

Robert T. Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00

1-888-322-7587

Date

Daytime Phone #

CR2004-11/001