

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90247 021 ***150.00

DOCUMENT # P97000021782

1. Entity Name

CA PLUS, INC



DO NOT WRITE IN THIS SPACE

80032330

2. Principal Place of Business

200-197 Church Street

3. Mailing Address

6860 Gulfport Blvd So

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 356

DO NOT WRITE IN THIS SPACE

City & State
Toronto ON

City & State
St. Petersburg, FL

4. FEI Number

59-3472857

Applied For

Not Applicable

Zip
M4T-2-2

Country
Canada

Zip
33707

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Carter, Robert T.

Street Address (P.O. Box Number is Not Acceptable)

434 - 77th Ave.

City

St. Petersburg

FL

Zip Code

33706

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DP						
	Carter, Robert	122 Granby Street	Toronto, ON M5B 1				
	Mason, Daniel	341 Brookdale Ave	Toronto, ON MSM -1P9				
	DV						

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)