

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90171 009 ***150.00

0464532

DOCUMENT # P97000051682

1. Entity Name
CANANAH, INC.

Principal Place of Business
**HWY 20 WEST
 BLOUNTSTOWN FL 32424**

Mailing Address
**RT 1 BOX 51E
 BLOUNTSTOWN FL 32424**

2. Principal Place of Business

3. Mailing Address
19119 SR 20W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Blountstown FL

4. FEI Number **59-3483112**

Applied For
 Not Applicable

Zip

Country

Zip

Country

32424

Calhoun

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

**CUMBAA, HARRY W
 HWY 20 WEST
 BLOUNTSTOWN FL 32424**

Name **Harriet C Strickland**

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

19119 SR 20W

City **Blountstown**

FL

Zip Code
32424

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]**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEB 12, 2001

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSTD
 CUMBAA STRICKLAND, HARRIET
 RT2 BOX 225 HWY 71 N
 ALTHA FL 32421** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**19119 SR 20W
 Blountstown, FL 32424** ☒ 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

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 12, 2001 674-2004

Date

Daytime Phone #

CR2E034 (10/00)