2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -9 PM 12:47

SE... STATE
TALLA... FLORIDA

DOCUMENT # P98000055956

1. Entity Name
BUD FIRST FINANCIAL, INC.

Principal Place of Business	Mailing Address
665 NARDEL COURT #102 NAPLES, FL 34104	665 NARDEL COURT #102 NAPLES, FL 34104

CHANGED AGAIN

600023815196
10/15/03--01040--001 **150.00

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	8160 PARKHILL DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Milton, ONTARIO
Zip / Country	Zip: L9T 5V7 / Country: Canada

4. FEI Number: 65-0295264 ☐ 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
SMITH, WILLIAM R 8191 COLLEGE PARKWAY SUITE 204 FORT MYERS, FL 33919	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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: PSTD NAME: PARSONS, DARRELL A STREET ADDRESS: C/O 28 QUEEN STREET SOUTH CITY-ST-ZIP: MISSISSAUGA, ON CANADA, L5M 1K3	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Darrell Parsons Aug 16/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

801474351

COPY

DOCUMENT # P98000055956

1. Corporation Name
Bud First Financial, Inc.

2. Principal Office Address	3. Mailing Office Address
665 Mardel Court	28 Queen Street South
Suite, Apt. #, etc.: #102	Suite, Apt. #, etc.:
City & State: Naples, FL	City & State: Mississauga, Ontario
Zip: 34104 Country: USA	Zip: L5M 1K3 Country: Canada

4. Date Incorporated or Qualified To Do Business in Florida: 6/23/98

5. FEI Number: 65-0295264 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: William R. Smith

Street Address (P.O. Box Number is Not Acceptable): 8191 College Parkway

Suite, Apt. #, Etc.: #204

City: Fort Myers | State: FL | Zip Code: 33919

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: William R. Smith — REGISTERED AGENT MUST SIGN — Date: 7/31/02

CR2E061 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	Darrell A. Parsons	28 Queen Street South	Mississauga, ON L5M1K3 CANADA

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Darrell A. Parsons — 9/13/02 — 905-858-4480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JP 10/8