

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107574

1. Entity Name

AEC INFOCENTER (FL) INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90124 034 ***150.00

Principal Place of Business

Mailing Address

200-25 IMPERIAL STREET
TORONTO ONTARIO M5P 1B9

200-25 IMPERIAL STREET
TORONTO ONTARIO M5P 1B9

2. Principal Place of Business

Suite 601
2300 Yonge Street, Box 2361

3. Mailing Address

Same as (2)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Toronto, Ontario

City & State

4. FEI Number

98-0199114

Applied For

Not Applicable

Zip

M4P 1E4

Country

Canada

Zip

Country

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

BUSINESS FILINGS INCORPORATE
1186 OCEAN SHORE BLVD.
SUITE 201
ORMOND BEACH FL 32176

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 \$150.00
After MAY 1, 2000 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 ☐ Delete
NAME D
STREET ADDRESS NIGHTINGALE, MARK
CITY-ST-ZIP 25 IMPERIAL STREET STE 200
TORONTO ONTARIO M5P 1B9

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2300 Yonge Street, Suite 601, Box 2361
CITY-ST-ZIP Toronto, ON, Canada M4P 1E4

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 21/00

Date

416 489 9000

Daytime Phone #

X223

CR2E034 (9/99)