

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90050 041 \*\*\*150.00

**00060928**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** 99000000733  
**1. Entity Name**  
The Canadian Connection, Unlimited Inc.

**Principal Place of Business** 639 Quail Keep Dr.  
Safety Harbor Fl.  
34695  
**Mailing Address**  
639 Quail Keep Dr.  
Safety Harbor Fl.  
34695

**2. Principal Place of Business**  
639 Quail Keep Dr  
 Suite, Apt. #, etc.  
**3. Mailing Address**  
639 Quail Keep Dr  
 Suite, Apt. #, etc.

**City & State** Safety Harbor, Fl.  
**Zip** 34695 **Country** USA  
**City & State** Safety Harbor, Fl.  
**Zip** 34695 **Country** USA

**4. FEI Number** 593378382 **Applied For**  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
Jean S. Rice \* Old address  
4880 Bayheron Pl. #202  
Tampa, Fl. 33616

**7. Name and Address of New Registered Agent**  
**Name**  
639 Quail Keep Dr  
**Street Address (P.O. Box Number is Not Acceptable)**  
Safety Harbor, Fl. **FL** **Zip Code** 34695

**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** Jean S. Rice Jean S. Rice 5-22-00  
 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

**TITLE** President ☐ Delete  
**NAME** Jean S. Rice  
**STREET ADDRESS** 4880 Bayheron Pl. #202  
**CITY-ST-ZIP** Tampa, Fl. 33616

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** 639 Quail Keep Drive  
**CITY-ST-ZIP** Safety Harbor, Fl. 34695

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**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:** Jean S. Rice Jean S. Rice 5-22-00 727-791-3018  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)