

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA9-12813**

1. Entity Name

Broadband Services Inc.

FILED

00 JUN 12 PM 1:57

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business
**3 Rowan Wood Avenue
Toronto, Ontario M4W1Y5
Canada**

Mailing Address
**3 Rowan Wood Avenue
Toronto, Ontario M4W1Y5
Canada**

2. Principal Place of Business
**The Rowanwood Centre
Suite, Apt. #, etc.
1067 Yonge Street**

3. Mailing Address
**The Rowanwood Centre
Suite, Apt. #, etc.
1067 Yonge Street**

DO NOT WRITE IN THIS SPACE

City & State
Toronto, Ontario

City & State
Toronto, Ontario

4. FEI Number
95-4726 820

Applied For
☐ Not Applicable

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

Zip
M4W2L2

Country
Canada

Zip
M4W2L2

Country
Canada

6. Name and Address of Current Registered Agent

**Edward Regnier
4271 Lago Way
Sarasota, Florida 34241**

7. Name and Address of New Registered Agent

Name
Chris P. Tessitore

Street Address (P.O. Box Number is Not Acceptable)
**Lowndes, Drosdick, Doster, Kantor & Reed, P.A.
215 North Eola Drive, P.O. Box 2809
City
Orlando, FL 32802**

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DPS, T, VP
STREET ADDRESS	Matus, Geoffrev
CITY-ST-ZIP	The Rowanwood Centre 1067 Yonge Street Toronto, Ontario Canada M4W2L2
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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

Geoffrey Matus, President

Date

416-925-3135

CR2E034 (9/99)