

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90003 034 ***150.00

DOCUMENT # P99000026232

1. Entity Name
CANMARC OF COLLIER, INC.

Principal Place of Business Mailing Address
SUN BANK CENTRE - SUITE 204 **SUN BANK CENTRE - SUITE 204**
950 NORTH COLLIER BOULEVARD **950 NORTH COLLIER BOULEVARD**
MARCO ISLAND FL 34145 **MARCO ISLAND FL 34145**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3622833**

Applied For
 Not Applicable

Zip

Country

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

E. GLENN TUCKER
SUN BANK CENTRE - SUITE 204
950 NORTH COLLIER BOULEVARD
MARCO ISLAND FL 34145

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 _____ (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, 2002 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	APPEL, A. BRAM		NAME		
STREET ADDRESS	18A HAZELTON AVE STE E 406		STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	APPEL, MARK		NAME		
STREET ADDRESS	18A HAZELTON AVE STE E 406		STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	APPEL, DAVID		NAME		
STREET ADDRESS	18A HAZELTON AVE STE E406		STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	APPEL, BLUMA		NAME		
STREET ADDRESS	18A HAZELTON AVE STE E 406		STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **APPEL** 1/21/02

CR2E034 (9/01)