

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90058 005 ***150.00

DOCUMENT # P99000063849

1. Entity Name

DANIELS (SOUTH ORANGE), INC.

Principal Place of Business

**C/O GREGORY. SHARER & STUART
 100 SECOND AVE. SO., SUITE 600
 ST. PETERSBURG FL 33701**

Mailing Address

**C/O GREGORY. SHARER & STUART
 P.O. BOX 2881
 ST. PETERSBURG FL 33731-2881**

2. Principal Place of Business

PO Box 2881

Suite, Apt. #, etc.

3. Mailing Address

delete "c/o Gregory,)

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Zip

33731-2881

Country

USA

Zip

Country

4. FEI Number

59-3722364

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BOTOS, MICHAEL E

ONE CLEMATIS STREET

SUITE 400

WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

M. Timothy Farrell

Street Address (P.O. Box Number is Not Acceptable)

100 - 2nd Avenue South, #600

City

St. Petersburg

FL

Zip Code

33701

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

M. Timothy Farrell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/14/02

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

TITLE NAME ☐ Delete
PTD DANIELS, WILLIAM I
 STREET ADDRESS **2435 YONGE ST, SUITE 700**
 CITY-ST-ZIP **TORONTO, ONTARIO, M4P 2E5**

TITLE NAME ☐ Delete
SD DANIELS, PETER N
 STREET ADDRESS **2435 YONGE ST, SUITE 700**
 CITY-ST-ZIP **TORONTO, ONTARIO, M4P 2E5**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE NAME ☐ Change ☐ Addition
 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 14/02 416 324 8178

CR2E034 (9/01)