

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S20977

1. Entity Name

SARASOTA QUAY (U.S.) NO. 2, INC.

Principal Place of Business

603 SARASOTA QUAY
SARASOTA FL 34236

Mailing Address

C/O RENE A. GAREAU
4273 BOCA POINTE DR
SARASOTA FL 34238

2. Principal Place of Business

3. Mailing Address

603 Sarasota Quay

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota, Florida

Zip

Country

Zip

Country

34236

USA

6. Name and Address of Current Registered Agent

GAREAU, RENE A.
4273 BOCA POINTE DR
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name
UCC Filing & Search Services Inc.
Street Address (P.O. Box Number is Not Acceptable)
526 East Park Avenue

City Tallahassee FL Zip Code 32301

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, 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 DCS
NAME GAREAU, RENE A.
STREET ADDRESS 4273 BOCA POINTE DR
CITY-ST-ZIP SARASOTA FL 34238 ☐ Delete

TITLE DP
NAME FENTON, SHELDON C.
STREET ADDRESS 149 DUNVEGAN RD.
CITY-ST-ZIP TORONTO, ONTARIO CANADA M5P- 2N8 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 603 Sarasota Quay
CITY-ST-ZIP Sarasota, Florida 34236 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300005350369--5
-04/26/02--01012--013
****150.00 ****150.00

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

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

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

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

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 René A. Gareau

Date April 12/02

Daytime Phone #

0522793 AV

CR2E034 (9/01)

FILED

02 APR 15 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE