

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S44137**

1. Entity Name

FLETT INVESTMENTS, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90024 043 ***150.00

Principal Place of Business

Mailing Address

4040 GALT OCEAN DRIVE
318
FT. LAUDERDALE FL 33308
US

189 CADILLAC AVE. S.
OSHAWA ONTARIO CN L1H

2. Principal Place of Business

3. Mailing Address

2401 RIVERSIDE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

308

City & State

City & State

CORAL SPRINGS FL

Zip

Country

Zip

Country

33065

USA

4. FEI Number

98-0118515

Applied For

Not Applicable

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

FLETT, EARLE G.
1515 UNIVERSITY DRIVE
SUITE 214
CORAL SPRINGS FL 33071

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **0 FLETT, EARLE G.**
STREET ADDRESS **189 CADILLAC AVE. S.**
CITY-ST-ZIP **OSHAWA ONTARIO CN L1H-5Z6**

TITLE ☒ Change ☐ Addition
NAME **P, U, S, T FLETT, EARLE G**
STREET ADDRESS **2401 Riverside Drive # 308**
CITY-ST-ZIP **Coral Springs FL 33065**

TITLE ☒ Delete
NAME **VPST FLETT, GAYLE**
STREET ADDRESS **10725 - 109 STREET**
CITY-ST-ZIP **EDMONTON ALBERTA CN T5H-3B8**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

EARLE G. FLETT PRES Jan 28 2000 954-796-3362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)