

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S55988

1. Entity Name

FIRST FLORIDA ECHO INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90013 034 ***158.75

Principal Place of Business

Mailing Address

297 KING STREET WEST
KITCHENER, ONTARIO
CANADA N2G 1B1
CA

P.O. BOX 276. STN. C
279 KING STREET WEST
KITCHENER, ONTARIO CANADA N2G

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3099775

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

FISHER & SAULS, P.A.
100 SECOND AVENUE SOUTH
SUITE 701
ST. PETERSBURG FL 33701

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 CH/D ☐ Delete
NAME MOTZ, PAUL J.
STREET ADDRESS 57 HEINS AVENUE
CITY-ST-ZIP KITCHENER, ONTARIO

TITLE S ☐ Change ☒ Addition
NAME CAROL A. AYERS
STREET ADDRESS 564 WILLOW WOOD DRIVE
CITY-ST-ZIP WATERLOO, ONTARIO

TITLE V/F ☒ Delete
NAME VAN KOUGHNET, GORDON L.
STREET ADDRESS 155 WEAVER STREET
CITY-ST-ZIP CAMBRIDGE, ONTARIO CANADA N3C-1W6

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

TITLE P ☐ Delete
NAME FLEMING, TIMOTHY M
STREET ADDRESS 139 DUNBAR ROAD SOUTH
CITY-ST-ZIP WATERLOO, ONTARIO

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

TITLE S ☒ Delete
NAME MCMULLAN, ELIZABETH
STREET ADDRESS 88 LENNOX CRESCENT
CITY-ST-ZIP KITCHENER, ONTARIO

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

TITLE D ☐ Delete
NAME MOTZ, MARGARET
STREET ADDRESS UNIT 40-210 HIGHLAND CRESCENT
CITY-ST-ZIP KITCHENER ON

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

TITLE D ☐ Delete
NAME BRADLEY, ANN
STREET ADDRESS RR #2
CITY-ST-ZIP BRESLAU ON

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 31, 2000

Date

519-745-4050 x26

Daytime Phone #

CR2E034 (9/99)