

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90143 040 \*\*\*150.00

**DOCUMENT # S90176**

1. Entity Name

**OCTRISUITE, INC.**

Principal Place of Business

**315 FLAGLER AVE  
 NEW SMYRNA BEACH FL 32169**

Mailing Address

**86 NADINE CRÉS.  
 UNIONVILLE  
 ONTARIO CA L3R7Y-2**

*35 Melville Crescent  
 BRAMPTON, ONT.  
 CANADA, L6W 2S3*

00010011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **98-0121818**

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

**HOUNSOM, SUSAN  
 315 FLAGLER AVE  
 NEW SMYRNA BEACH FL 32169-4997**

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, 2001 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 **D**  
 STREET ADDRESS **MOORE, GARY R**  
 CITY-ST-ZIP **86 NADINE CRÉS  
 UNIONVILLE ON**

TITLE ☐ Change ☒ Addition  
 NAME **PRESIDENT OF OCTRISUITE INC**  
 STREET ADDRESS **MR SPENCER**  
 CITY-ST-ZIP **35 MELVILLE CRESENT  
 BRAMPTON, ONT CANADA L6W 2S3**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **WHYTE, DONA**  
 CITY-ST-ZIP **RR1  
 BURNSTOWN, ONTARIO**

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

TITLE ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 24 / 2001* **905-459-4092**  
 Date Daytime Phone #

CR2E034 (10/00)

0633642