

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90220 007 ***158.75

DOCUMENT # S97254

1. Entity Name
TULLIS PROPERTIES, INC.



Principal Place of Business
**1230 S MYRTLE AVE
SUITE 301
CLEARWATER FL 34617
US**

Mailing Address
**PO BOX 23003
KRUG POSTAL OUTLET
KITCHENER ON CN N2B- 3V1**

2. Principal Place of Business

3. Mailing Address

56 REGINA ST. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WATERLOO, ON

4. FEI Number

58-1971858

Applied For

Not Applicable

Zip

Country

Zip

N2S 3A3

Country

CANADA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PRATESI, EMIL G.
1253 PARK ST
CLEARWATER FL 34616**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
CARTER, WILLIAM S
304 SHAKESPEARE DR
WATERLOO ON**



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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
CARTER, URSULA A.
304 SHAKESPEARE DR.
WATERLOO ON**



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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WARREN, ROBERT L.
266 SHAKESPEARE DR.
WATERLOO ON**



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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
CARTER, WILLIAM A
68 JOHN ST E
WATERLOO ON**



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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM S. CARTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

JAN. 17, 2002 (519) 884-4285
Date Daytime Phone #

CR2E034 (10/02)