

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90052 017 ***150.00

DOCUMENT # V01715

1. Entity Name
NATIONAL VENTURES, INC.

Principal Place of Business

**14100 58TH ST. NORTH
 CLEARWATER FL 33760**

Mailing Address

**36 TORONTO STREET
 #300
 TORONTO, ONTARIO, CANADA M5C-2C5**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3097482

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **JANSON, P.**
STREET ADDRESS **36 TORONTO STREET, #300**
CITY-ST-ZIP **TORONTO, ONTARIO, CANADA**

TITLE **P/D** ☒ Change ☐ Addition
NAME **Janson, P.**
STREET ADDRESS **36 Toronto Street, #300**
CITY-ST-ZIP **Toronto, Ontario, Canada M5C-2C5**

TITLE **D** ☐ Delete
NAME **SETTIAGE, R.**
STREET ADDRESS **10108-32 AVE. W., BLDG. C3, SUITE A2**
CITY-ST-ZIP **EVERETT WA 98204**

TITLE **V/T** ☒ Change ☐ Addition
NAME **McCaw, S.**
STREET ADDRESS **36 Toronto Street, #300**
CITY-ST-ZIP **Toronto, Ontario, Canada M5C-2C5**

TITLE **D** ☐ Delete
NAME **HANSEN, L.**
STREET ADDRESS **3232 WEST VIRGINIA AVE.**
CITY-ST-ZIP **PHOENIX AZ 85009**

TITLE **S** ☐ Change ☒ Addition
NAME **James, S.**
STREET ADDRESS **900 Monenco Place, 801-6th Avenue SW**
CITY-ST-ZIP **Calgary, Alberta, Canada T2P 3W3**

TITLE **D** ☐ Delete
NAME **MCCLUSKIE, J.**
STREET ADDRESS **4435 E. HOLMES AVE.**
CITY-ST-ZIP **MEZA AZ 85206-3372**

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

TITLE **VST** ☐ Delete
NAME **MCCAW, S.**
STREET ADDRESS **36 TORONTO STREET, SUITE 300**
CITY-ST-ZIP **TORONTO, ONTARIO, CANADA M5C-2C5**

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

TITLE **V** ☐ Delete
NAME **YEH, F.**
STREET ADDRESS **36 TORONTO STREET, SUITE 300**
CITY-ST-ZIP **TORONTO, ONTARIO, CANADA M5C-2C5**

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:

Scott McCaw

Scott McCaw

February 27, 2002 T(416)644-3621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)