

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # V42046**1. Entity Name
DUNDAS HOLDINGS, INC.

Principal Place of Business

244 KING ST., WEST

DUNDAS, ONTARIO L9H 1V9

CA

Mailing Address

244 KING ST., WEST

DUNDAS, ONTARIO L9H 1V9

CA

2. Principal Place of Business

244 KING ST. WEST

3. Mailing Address

244 KING ST. WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DUNDAS

ON

City & State

DUNDAS

ON

4. FEI Number

Applied For

☒ Not Applicable

Zip

L9H 1V9

Country

CA

Zip

L9H 1V9

Country

CA

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, WARREN A. III

31608 US HIGHWAY 19 NORTH

PALM HARBOR

US

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04/26/2001

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	WHITE KEITH	
STREET ADDRESS	8 HIGHLAND PARK DRIVE	
CITY-ST-ZIP	DUNDAS, ONTARIO L9H 3L8	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MUCULLOCH DAVID S	
STREET ADDRESS	25 SUTER CRESCENT	
CITY-ST-ZIP	DUNDAS, ONTARIO L9H6R7	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SORBY CHRISTOPHER J	
STREET ADDRESS	7 ELIZABETH CT.	
CITY-ST-ZIP	DUNDAS, ONTARIO L94 3M1	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIES MICHAEL JAMES	
STREET ADDRESS	152 PLEASANT AVE.	
CITY-ST-ZIP	DUNDAS, ONTARIO L94 3V2	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: CHRISTOPHER J. SORBY

STD

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)