

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90068 029 \*\*\*150.00

**DOCUMENT # V42046**

1. Entity Name  
**DUNDAS HOLDINGS, INC.**



Principal Place of Business

**244 KING ST. WEST  
DUNDAS ON L9H 1-V9  
CA**

Mailing Address

**244 KING ST. WEST  
DUNDAS ON L9H 1-V9  
CA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILSON, WARREN A. III  
31608 US HIGHWAY 19 NORTH  
PALM HARBOR FL**

7. Name and Address of New Registered Agent

Name

**AMELIA BROWN McCulloch**

Street Address (P.O. Box Number is Not Acceptable)

**920 WEST WINDS BVD.**

City

**TARPON SPRINGS FL**

Zip Code

**34689**

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 **AMELIA BROWN McCulloch**

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

**Amelia B McCulloch 25th April, 2003**

(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

TITLE **PD** ☐ Delete  
NAME **DAVIES, MICHAEL JAMES**  
STREET ADDRESS **152 PLEASANT AVE.**  
CITY-ST-ZIP **DUNDAS, ONTARIO L94 3V2**

TITLE **STD** ☐ Delete  
NAME **SORBY, CHRISTOPHER J**  
STREET ADDRESS **7 ELIZABETH CT.**  
CITY-ST-ZIP **DUNDAS, ONTARIO L94 3M1**

TITLE **VD** ☐ Delete  
NAME **WHITE, KEITH -**  
STREET ADDRESS **8 HIGHLAND PARK DRIVE**  
CITY-ST-ZIP **DUNDAS, ONTARIO L9H 3L8**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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:

**SIGNATURE REQUIRED J. SORBY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**19th April 2003 905-627-KSY**

Date Daytime Phone #

CR2E034 (10/02)