

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00140

1. Entity Name

SCHOONER OAKS LIMITED COMPANY

Principal Place of Business

1185 LAKESHORE ROAD EAST
MISSISSAUGA, ONTARIO
CANADA L5E 1G1

Mailing Address

1185 LAKESHORE ROAD EAST
MISSISSAUGA, ONTARIO
CANADA L5E 1G1

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

98-0106166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORCH, C.E.
1273 NW SPRUCE RIDGE DRIVE
STUART FL 34994

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
M
NAPEV CONSTRUCTION LTD
STREET ADDRESS 1185 LAKESHORE RD E
CITY- ST- ZIP MISSISSAUGA, ONTARIO

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS 600003258546--9
CITY- ST- ZIP -05/19/00--01009--021
*****50.00 *****50.00

TITLE NAME ☐ Delete
M
VEPAN LEASHOLDS LIMITED
STREET ADDRESS 1185 LAKESHORE RD E
CITY- ST- ZIP MISSISSAUGA, ONTARIO

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Delete
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CITY- ST- ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

(905) 274 0770

APPROVED
AND
FILED

00 APR 30 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

UNIT 15

CR2E083 (9/99)