

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90105 006 \*\*\*150.00

**DOCUMENT # 489105**

1. Entity Name  
**CARLTON INVESTMENTS OF FLORIDA, INC.**

Principal Place of Business 110 BLOOR STREET WEST #806 TORONTO, ONTARIO M5S 2W7	Mailing Address 110 BLOOR STREET WEST #806 TORONTO, ONTARIO M5S 2W7
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>15 McMURRICH STREET</b> Suite, Apt. #, etc. <b>APT 314</b> City & State <b>TORONTO ONTARIO</b> Zip <b>M5R 3M6</b> Country <b>CANADA</b>	3. Mailing Address <b>15 McMURRICH STREET</b> Suite, Apt. #, etc. <b>APT 314</b> City & State <b>TORONTO ONTARIO</b> Zip <b>M5R 3M6</b> Country <b>CANADA</b>
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4. FEI Number **59-2206730** Applied For  Not Applicable

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

**CORPORATE ACCESS, INC.**  
**1116-D THOMASVILLE ROAD**  
**MT. VERNAN SQUARE**  
**TALLAHASSEE FL 32303**

Name	City	FL	Zip Code
Street Address (P.O. Box Number is Not Acceptable)			

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 \_\_\_\_\_ (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, 2000 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 <b>PSD</b>	<input type="checkbox"/> Delete	TITLE <b>ROBERTS, CATHY H</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS <b>110 BLOOR STREET WEST, #806</b>		STREET ADDRESS <b>15 McMURRICH STREET, #314</b>	
CITY-ST-ZIP <b>TORONTO, ONTARIO M5S 2W7</b>		CITY-ST-ZIP <b>TORONTO ONTARIO M5R 3M6</b>	
TITLE <b>VPTD</b>	<input type="checkbox"/> Delete	TITLE <b>ROBERTS, G. CHRISTOPHER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS <b>110 BLOOR STREET WEST, #806</b>		STREET ADDRESS <b>15 McMURRICH STREET, #314</b>	
CITY-ST-ZIP <b>TORONTO, ONTARIO M5S 2W7</b>		CITY-ST-ZIP <b>TORONTO, ONTARIO M5R 3M6</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
*Cathy H Roberts*

**Date** *Feb 23 / 00* **Daytime Phone #** *416-922-8148*

CRZE034 (9/99)