


FILED

03 APR -2 AM 9:05

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE  
03/10/2003/901881022 +1-813-500-0000

<b>DOCUMENT # F01000001260</b>		
1. Entity Name <b>801816 ONTARIO LTD, INC.</b>		
Principal Place of Business <b>1 BEACH DR., SE. STE 220 STE PETERSBURG FL 33701</b>		Mailing Address <b>1 BEACH DR., SE. STE 220 STE PETERSBURG FL 33701</b>
2. Principal Place of Business <b>406-13440 Gulf Blvd Collwood Condominium</b>		3. Mailing Address <b>2799 Bellwood Dr RR2</b>
City & State <b>Madeira Beach, FL</b>		City & State <b>Newcastle Ontario</b>
Zip <b>33708</b>	Country <b>USA</b>	Country <b>CANADA</b>



52-2297743

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>APPLIED FOR</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>ROBERGE, THOMAS C 1 BEACH DR., SE STE 220 ST PETERSBURG FL 33701</b>		7. Name and Address of New Registered Agent Name <b>CAROL A MACEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>13440 GULF BLVD UNIT 406 Collwood Condominium</b> City <b>Madeira Beach FL</b> Zip Code <b>33708</b>	
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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 CAROL A MACEY Carol Macey March 6/03  
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-registering) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MACEY, CAROL A 2799 BELLWOOD DR., RR #2 NEWCASTLE, CANADA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HALEY, KERRY A 2799 BELLWOOD DR., RR2 NEWCASTLE, CANADA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MACEY, Kerry A.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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: Carol Macey **REQUIRED** March 6/03 **905 987 5385**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #