

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90195 038 \*\*\*150.00

DOCUMENT # **P96000081656**

1. Entity Name  
**ABLEAUCTIONS.COM, INC.**



Principal Place of Business  
**1963 LOUGHEED HIGHWAY  
COQUITLAM BC V3K- 3T8  
CA**

Mailing Address  
**1963 LOUGHEED HIGHWAY  
COQUITLAM BC V3K- 3T8  
CA**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3404233**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM  
1200 PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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 \$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  
**PCD  
LADHA, ABDULL  
8824 YARROW PLACE  
BURNABY BC V3N- 4W1**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCD  
LADHA, ABDUL  
7797 JENSEN PLACE  
BURNABY, B.C V5A 2A7**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SLEEMAN, BARRETT  
PO BOX 1811, 2225 W 44ST AVENUE  
VANCOUVER BC V6M- 4I3**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SLEEMAN, BARRETT  
#16-1728 EDWARDS DRIVE  
PT. ROBERTS, WASHINGTON -98281**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
DODD, JEREMY  
11824 189 B STREET  
PITT MEADOWS BC V3Y- 2L2**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S/D  
RANDAL L EHLI  
1127-23 RD AVE CT SW  
PUYALLUP, WA 98371**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFO  
MILLER, RON  
3260 SPRINGHILL PLACE  
RICHMOND BC V7E- 1X2**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MICHAEL BOYLING  
#95-5900 FERRY RD.  
DELTA, BC V5K 4C3**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
VOGT, DAVID DR.  
3771 WEST 15TH AVE.  
VANCOUVER BC V6R- 2Z7**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
VOGT, DAVID DR.  
#600-515 HASTINGS STREET  
VANCOUVER, B.C. V6B 5K3**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 24/03** (604) 521-3375  
Date Daytime Phone #

CR2E034 (10/02)