

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 404387

1. Entity Name

NORTH AMERICAN CONTRACTING CORPORATION

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90062 011 ***150.00

00027040



DO NOT WRITE IN THIS SPACE

Principal Place of Business
9220 BONITA BEACH RD
STE 109
BONITA SPRINGS FL 34135
US

Mailing Address
9220 BONITA BEACH RD
STE 109
BONITA SPRINGS FL 34135
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1400190

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

FREY, M WILLIAM
9220 BONITA BEACH RD, STE 109
BONITA SPRINGS FL 33923

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 _____ (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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	TD						
	FREY, WILLIAM M.	9220 BONITA BEACH ROAD, STE 109	BONITA SPRINGS FL 34135				
	VSD						
	FREY, DORIS W.	9220 BONITA BEACH ROAD, STE 109	BONITA SPRINGS FL 34135				
	PD						
	FREY, BARRY E.	9220 BONITA BEACH ROAD, STE 109	BONITA SPRINGS FL 34135				

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barry E. Frey, President 3/15/01 (941) 495-8200

CR2E034 (10/00)