


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90078 024 \*\*\*\*61.25

**DOCUMENT # F98000000626**

1. Entity Name  
**NORTH-AMERICAN ASSOCIATION OF TELECOMMUNICATIONS DEALERS, INC.**



Principal Place of Business      Mailing Address  
**1045 EAST ATLANTIC AVE., STE 206**      **1045 EAST ATLANTIC AVE., STE 206**  
**DELRAY BEACH FL 33483**      **DELRAY BEACH FL 33483**

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 **NOT APPLICABLE**      Applied For  
**36-3479965**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARION, JOSEPH**  
**1045 EAST ATLANTIC AVE., STE 206**  
**DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE **1/4/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | VP                           | <input type="checkbox"/> Delete |
| NAME           | DAY, RICK                    |                                 |
| STREET ADDRESS | 5744 PACIFIC CENTER BLVD 311 |                                 |
| CITY-ST-ZIP    | SAN DIEGO CA                 |                                 |
| TITLE          | P                            | <input type="checkbox"/> Delete |
| NAME           | LEIDHOLDT, STEVE             |                                 |
| STREET ADDRESS | 2030 ALTON COURT             |                                 |
| CITY-ST-ZIP    | ST LOUIS MO                  |                                 |
| TITLE          | D                            | <input type="checkbox"/> Delete |
| NAME           | MURPHY, ANN                  |                                 |
| STREET ADDRESS | 44 AARDEN ST #1              |                                 |
| CITY-ST-ZIP    | DANVERS MA 01923             |                                 |
| TITLE          | D                            | <input type="checkbox"/> Delete |
| NAME           | ROLES, TOM                   |                                 |
| STREET ADDRESS | 3344 HWY 149                 |                                 |
| CITY-ST-ZIP    | EAGAN MN 55121               |                                 |
| TITLE          | CD                           | <input type="checkbox"/> Delete |
| NAME           | MARION, JOSEPH               |                                 |
| STREET ADDRESS | 1045 E ATLANTIC AVE, STE 206 |                                 |
| CITY-ST-ZIP    | DELRAY BCH FL                |                                 |
| TITLE          | D                            | <input type="checkbox"/> Delete |
| NAME           | ELICHOA, JOSEPH              |                                 |
| STREET ADDRESS | 74 EVERGREEN DR              |                                 |
| CITY-ST-ZIP    | PORTLAND ME                  |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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 617, 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**      DATE: **1/4/03**      Daytime Phone # \_\_\_\_\_

CR2E037 (10/02)