2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 21, 2001 8:00 am Secretary of State P94000087010 DOCUMENT # 1. Entity Name NORTH AMERICAN TECHNOLOGY SERVICES, INC. 08-21-2001 90002 034 ***558.75 Principal Place of Business Mailing Address 4820 PARK BLVD. 4820 PARK BLVD. PINELLAS PARK FL 34665 PINELLAS PARK FL 34665 2. Principal Place of Business 3. Mailing Address 4820 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3280529 Not Applicable nCountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name_ PATRICK M. O'CONNOR, P.A. Street Address (P.O. Box Number is Not Acceptable) 2240 BELLEAIR RD SUITE 160 **CLEARWATER FL 33764** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (5/01)Change TITLE ☐ Delete TITLE ☐ Addition NAME OBERDING, JACK NAME figind gook 20 Park BIVD 20 Park, FI 20 Park, FI STREET ADDRESS 4820 PARK BLVD. STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 34665 CITY-ST-ZIP TITLE ☐ Delete TITLE Change **Addition** 5|T NAME Geiger, Glen STREET ADDRESS STREET ADDRESS 20 Park BIND CITY-ST-ZIP CITY-ST-ZIP 33781 TITLE -Delete -TITLE 🚅 🚅 Change . Addition nITH, DAVE NAME NAME H820 Park BIVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ellas PARKIFI 33781 TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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 of 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