

2001 UNIFORM BUSINESS REPORT (UBR)

0013458 AF

DOCUMENT # **A96000001116**

1. Entity Name

NORTHERN ATLANTIC, LTD.

FILED

01 MAY -1 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

901 MARTIN DOWNS BLVD., SUITE 216
PALM CITY FL 34990

Mailing Address

PO BOX 439
PALM CITY FL 34991

2. Principal Place of Business

10 SE Central Parkway

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart FL

City & State

Zip

Zip

Country

34994

USA

Country

4. FEI Number

65-0676313

Applied For

Not Applicable

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

LAW OFFICE OF RUDOLPH M. DI LASCIO, JR., PA

5798 JOHNSON STREET

HOLLYWOOD FL 33021

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$400,000.00

10. Amount of Capital Contributions in FLORIDA to date.

530,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000050216**
NAME **PROSERVE INTERNATIONAL, INC.**
STREET ADDRESS **901 MARTIN DOWNS BLVD. #216**
CITY-ST-ZIP **PALM CITY FL 34990**

STREET ADDRESS *10 SE Central Parkway #315*
CITY-ST-ZIP *Stuart, FL 34994*

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

100004215731--2

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

05/14/01 01121 020
******526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Ronald L Schmidt (Pres)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *Proserve International Inc* Date *4/18/01* (561) 286 1668

CR2E003 (11/00)