

FILED

Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90505 020 ***150.00

NORTHSEE CORPORATION

Mailing Address

13820 5TH ST
P O BOX 65
DADE CITY FL 33526
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **59-6067007**

Applied For

Not Applicable

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name Pittman, Andrew K

Street Address (P.O. Box Number is Not Acceptable)

707 W. Azeele St.

City Lanark

FL

Zip Code 33606

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 *Robert J. Lannon* *HR*
Signature, typed or printed name of registered agent and title if applicable

(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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Deleted
NAME	PITTMAN, SIDNEY	
STREET ADDRESS	P.O. BOX 421 N/A	
CITY - ST - ZIP	DADE CITY FL 33526	

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MASSEY, SALLIE E	
STREET ADDRESS	P.O. BOX 65 N/A	
CITY - ST - ZIP	DADE CITY FL 33526	

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE	PT	<input type="checkbox"/> Delete
NAME	MASSEY, MICHAEL B.	
STREET ADDRESS	714 MONTERAY BLVD N.E.	
CITY-ST-ZIP	ST. PETERSBURG-FL 33704	

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE	D	<input type="checkbox"/> Delete
NAME	PITTMAN, ASHLEY G	
STREET ADDRESS	40 JAMAICA WY APT 5	
CITY-ST-ZIP	BOSTON MA 02130	

TITLE	<i>D. Pittman Ashley G.</i>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<i>P.O. Box 921</i>		
STREET ADDRESS	<i>Doyle City, FL 33526</i>		
CITY-ST-ZIP			

TITLE	VPS	<input type="checkbox"/> Delete
NAME	PITTMAN, ANDREW	
STREET ADDRESS	2605 EDGEWOOD ROAD	
CITY - ST - ZIP	TAMPA FL 33609	

TITLE V.P. Secretary & Director ☐ Change ☒ Addition

NAME _____

STREET ADDRESS _____

CITY - ST - ZIP _____

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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 ~~or~~ other like empowered.

SIGNATURE: Andrew V. P. Hman (V.P.) 2-16-01 813-258-1748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)