

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 387531

1. Entity Name  
NORTHCO REALTY CONSULTANTS, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90210 001 \*\*\*150.00

Principal Place of Business

150 N. US #1  
SUITE 13  
TEQUESTA FL 33469

Mailing Address

PO BOX 4426  
TEQUESTA FL 33469-1021

2. Principal Place of Business

803 Maplewood Dr.  
Suite, Apt. #, etc.  
Suite 37

3. Mailing Address

P.O. Box 4426  
Suite, Apt. #, etc.  
Tequesta, Fl.

City & State

Jupiter, Fl.

City & State

Tequesta, Fl.

Zip

33458

Country

FLA Beach

Zip

33469-1021

Country

Adm. Beh.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1417392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMSON, PAUL  
801 MAPLEWOOD DR.  
SUITE 17  
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name THOMSON, PAUL  
Street Address (P.O. Box Number is Not Acceptable)  
803 Maplewood Drive  
Suite 37  
City Jupiter FL Zip Code 33458

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

Paul Thomson.

1/10/00

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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMSON, PAUL 141 E RIVERSIDE DR #37 JUPITER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMSON, PAUL, Pres. P.O. Box 4426 Tequesta, Fl. 33469	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Paul Thomson

Paul Thomson 1/10/00 561-747-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 '9/99