

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001116**

1. Entity Name  
**NORTHERN ATLANTIC, LTD.**



**FILED**  
**03 APR 28 AM 8:56**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MMJ**

Principal Place of Business  
**10 SE CENTRAL PARKWAY, SUITE 315  
STUART FL 34994**

Mailing Address  
**PO BOX 439  
PALM CITY FL 34991**

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 **65-0676313**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DUE BY MAY 1, 2003**

6. Name and Address of Current Registered Agent

**LAW OFFICE OF RUDOLPH M. DI LASCIO, JR., PA  
5798 JOHNSON STREET  
HOLLYWOOD FL 33021**

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

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

DATE

9. Capital Contributions  
as Shown on record.

**\$530,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**570,000.00**

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT # **P96000050216**  
NAME **PROSERVE INTERNATIONAL, INC.**  
STREET ADDRESS **10 SE CENTRAL PARKWAY, SUITE 315**  
CITY-ST-ZIP **STUART FL 34994**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Ronald L. Schmidt**  
President Proserve International, Inc.

**4/24/03**

**(772) 286-1611**  
Daytime Phone #

CR2E003 (10/02)

0016742 AT

STAPLE CHECK HERE