

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002870

1. Entity Name

NORTHCOIT.COM, INC.

**FILED**  
Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90289 005 \*\*\*158.75

Principal Place of Business

2533 NORTH CARSON ST., SUITE 4406  
CARSON CITY NV 89706

Mailing Address

2533 NORTH CARSON ST., SUITE 4406  
CARSON CITY NV 89706

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 88-0451919

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

GOLDSTEIN, GARY  
1645 PALM BEACH LAKES BLVD., 7TH FLOOR  
WEST PALM BEACH FL 33401

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.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME GOLDSTEIN, GARY  
STREET ADDRESS 1675 PALM BEACH LAKES BLVD., 7TH FLOOR  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☒ Delete

TITLE SC  
NAME THOMSON, SCOTT  
STREET ADDRESS 2533 NORTH CARSON ST., SUITE 4406  
CITY-ST-ZIP CARSON CITY NV 89706 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Scott + Thomson  
NAME President  
STREET ADDRESS 1675 PALM BEACH LAKES BLVD 7TH FLOOR  
CITY-ST-ZIP WEST PALM BEACH, FL 33401 ☒ Change ☐ Addition

TITLE Secretary trene  
NAME GARY GOLDSTEIN  
STREET ADDRESS 1675 PALM BEACH LAKES BLVD 7TH FLOOR  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☒ Change ☐ Addition

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott + Thomson 1/29/01 615-9800

Date

Daytime Phone #

CR2E034 (10/00)