

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90044 015 ***150.00

03/13/02 AT

DOCUMENT # F00000006528

1. Entity Name

NORTH SHORE AGENCY, INC.

Principal Place of Business

**751 SUMMA AVENUE
 WESTBURY NY 11590**

Mailing Address

**PO BOX 486
 WESTBURY NY 11590**

2. Principal Place of Business

751 Summa Avenue

Suite, Apt. #, etc.

3. Mailing Address

PO Box 486

Suite, Apt. #, etc.

City & State

Westbury NY

City & State

Westbury, NY

Zip

11590

Country

Nassau

Zip

11590

Country

Nassau

4. FEI Number

11-3399772

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

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, 2002 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: **P** ☐ Delete
 NAME: **GOODMAN, JEROME**
 STREET ADDRESS: **751 SUMMA AVENUE**
 CITY-ST-ZIP: **WESTBURY NY 11590**

TITLE: **D** ☐ Delete
 NAME: **BEFFA, TIMOTHY G**
 STREET ADDRESS: **390 WOUTH WOODS MILL ROAD, SUITE 350**
 CITY-ST-ZIP: **ST. LOUIS MO 63017**

TITLE: **VSGC** ☐ Delete
 NAME: **GOODMAN, KEVIN**
 STREET ADDRESS: **751 SUMMA AVENUE**
 CITY-ST-ZIP: **WESTBURY NY 11590**

TITLE: **VP** ☐ Delete
 NAME: **GOODMAN, PETER D**
 STREET ADDRESS: **751 SUMMA AVENUE**
 CITY-ST-ZIP: **WESTBURY NY 11590**

TITLE: **VCFO** ☐ Delete
 NAME: **DEIGNAN, WILLIAM**
 STREET ADDRESS: **751 SUMMA AVENUE**
 CITY-ST-ZIP: **WESTBURY NY 11590**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
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 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 all other like empowered.

SIGNATURE:

Kevin Goodman, VP, Sec.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

516 370-9300 Ext. 331

CR2E034 (9/01)