

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F01000001742**

1. Entity Name

NORTH COUNTY REAL ESTATE, INC.

FILED

02 OCT -4 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2386 FARADAY AVE., SUITE 130
CARLSBAD CA 92008

Mailing Address

2386 FARADAY AVE., SUITE 130
CARLSBAD CA 92008

2. Principal Place of Business

2386 Faraday

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 130

Suite, Apt. #, etc.

City & State

Carlsbad CA

City & State

Zip

92008

Country

USA

Zip

Country

4. FEI Number

33-0620904

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

Same

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.

(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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME	PCD TIERNEY, BRIAN	<input type="checkbox"/> Delete
STREET ADDRESS	2388 FARADAY AVE., SUITE 130	
CITY-ST-ZIP	CARLSBAD CA 92008	
TITLE NAME	VD KNOTT, DALE	<input type="checkbox"/> Delete
STREET ADDRESS	2386 FARADAY AVE., SUITE 130	
CITY-ST-ZIP	CARLSBAD CA 92008	
TITLE NAME	ST LUDKA, MICHELLE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2386 FARADAY AVE., SUITE 130	
CITY-ST-ZIP	CARLSBAD CA 92008	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Cynthia Wick Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2386 Faraday St 130	
CITY-ST-ZIP	Carlsbad, CA 92008	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 10/4/02