

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90700 039 ***150.00

DOCUMENT # F01000003977

1. Entity Name

NORTH AMERICAN UNDERWRITERS AND ASSOCIATES, INC.

Principal Place of Business

**4300 DUHME RD
 SUITE 305
 MADEIRA BEACH FL 33708**

Mailing Address

**4300 DUHME RD
 SUITE 305
 MADEIRA BEACH FL 33708**

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

38-3808736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**VALDEZ-SANCHEZ, GERALD
 4300 DUHME RD
 SUITE 305
 MADEIRA BEACH FL 33708**

7. Name and Address of New Registered Agent

Name **GERALDO VALDES-SANCHEZ**

Street Address (P.O. Box Number is Not Acceptable)

4300 DUHME RD. STE 305

City **MADEIRA BEACH**

FL

Zip Code **33708**

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 date 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 **DP** ☒ Delete
 NAME **YOUNG, ROI**
 STREET ADDRESS **335 PLEASANT PT. DR.**
 CITY-ST-ZIP **BEAUFORT SC 29902**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
 NAME **ROI YOUNG**
 STREET ADDRESS **4300 DUHME RD**
 CITY-ST-ZIP **MADEIRA BEACH, FL 33708**

TITLE **T** ☐ Change ☒ Addition
 NAME **GERALDO VALDES-SANCHEZ**
 STREET ADDRESS **4300 DUHME RD**
 CITY-ST-ZIP **MADEIRA BEACH, FL 33708**

TITLE **V** ☐ Change ☒ Addition
 NAME **MATT COOPER**
 STREET ADDRESS **4300 DUHME RD**
 CITY-ST-ZIP **MADEIRA BEACH, FL 33708**

TITLE **V** ☐ Change ☒ Addition
 NAME **ANDI AMES**
 STREET ADDRESS **4300 DUHME RD**
 CITY-ST-ZIP **MADEIRA, BEACH FL 33708**

TITLE **S** ☐ Change ☒ Addition
 NAME **MARGHERITA**
 STREET ADDRESS **MARGHERITA NUNOS**
 CITY-ST-ZIP **4300 DUHME RD**
MADEIRA BEACH, FL 33708

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2002
 Date

727-320-0444
 Daytime Phone #

CR2E034 (9/01)