

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000002699

1. Entity Name
NORTH STAR ENGINEERING SUPPORT SERVICES, INC.



Principal Place of Business

665 S.W. 27TH AVENUE, SUITE 1
FORT LAUDERDALE, FL 33312

Mailing Address

665 S.W. 27TH AVENUE, SUITE 1
FORT LAUDERDALE, FL 33312



04212008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0628637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

STONOM, JANICE E
665 S.W. 27TH AVENUE, SUITE 1
FORT LAUDERDALE, FL 33312

DO NOT WRITE
IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000915569
05/09/08-80021-006 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
STONOM, JANICE E
371 S.W. 28TH TERRACE
FORT LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janice E Stonom

JANICE E. STONOM

04-21-08

454-791-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #