

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F41319

1. Entity Name

NORTH AMERICAN GULF CORPORATION

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90032 010 ***150.00

Principal Place of Business

Mailing Address

P O BOX 20657
BRADENTON FL 34202
US

P O BOX 20657
BRADENTON FL 34204-0657
US

2. Principal Place of Business

P.O. BOX 1025

3. Mailing Address

P.O. BOX 1025

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALMETTO, FL.

City & State

PALMETTO, FL.

Zip

34220

Country

USA

Zip

34220

Country

USA

4. FEI Number

59-2116200

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

BONE, DAVID D.
766-B HUDSON AVE.
SARASOTA FL 34236

Name

ROGER C. MORRIS

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

1001 RIVERSIDE DR.

City

PALMETTO

FL

Zip Code

34220

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

ROGER C. MORRIS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/00

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	MORRIS, ROGER C.	
STREET ADDRESS	8717 53RD PLACE EAST	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ROGER C.	
STREET ADDRESS	1001 RIVERSIDE DR.	
CITY-ST-ZIP	PALMETTO, FL. 34220	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/14/00 (941) 21-8135
Date Daytime Phone #

CR2E034 (9/99)