

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90078 024 ****61.25

DOCUMENT # F98000000626

1. Entity Name
**NORTH-AMERICAN ASSOCIATION OF TELECOMMUNICATIONS
DEALERS, INC.**



Principal Place of Business Mailing Address
1045 EAST ATLANTIC AVE., STE 206 **1045 EAST ATLANTIC AVE., STE 206**
DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483**

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 **NOT APPLICABLE**
36-3479965

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

MARION, JOSEPH
1045 EAST ATLANTIC AVE., STE 206
DELRAY BEACH FL 33483

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. 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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE **VP** ☐ Delete
NAME **DAY, RICK**
STREET ADDRESS **5744 PACIFIC CENTER BLVD 311**
CITY-ST-ZIP **SAN DIEGO CA**

TITLE **P** ☐ Delete
NAME **LEIDHOLDT, STEVE**
STREET ADDRESS **2030 ALTON COURT**
CITY-ST-ZIP **ST LOUIS MO**

TITLE **D** ☐ Delete
NAME **MURPHY, ANN**
STREET ADDRESS **44 AARDEN ST #1**
CITY-ST-ZIP **DANVERS MA 01923**

TITLE **D** ☐ Delete
NAME **ROLES, TOM**
STREET ADDRESS **3344 HWY 149**
CITY-ST-ZIP **EAGAN MN 55121**

TITLE **CD** ☐ Delete
NAME **MARION, JOSEPH**
STREET ADDRESS **1045 E ATLANTIC AVE, STE 206**
CITY-ST-ZIP **DELRAY BCH FL**

TITLE **D** ☐ Delete
NAME **ELICHOA, JOSEPH**
STREET ADDRESS **74 EVERGREEN DR**
CITY-ST-ZIP **PORTLAND ME**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 617, 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: **SIGNATURE REQUIRED**

1/4/03

Daytime Phone #

CR2E037 (10/02)