

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90161 002 \*\*\*150.00

**DOCUMENT # G35166**

**1. Entity Name**  
**NORTH SHORE SERVICE CENTER, INC.**

**Principal Place of Business**  
**13990 N. CLEVELAND AVE.**  
**N FT MYERS FL 33903**

**Mailing Address**  
**13990 N. CLEVELAND AVE.**  
**N FT MYERS FL 33903**

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number**  
**59-2301889**

**Applied For**  
 **Not Applicable**

**Zip** **Country**

**Zip** **Country**

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GALTER, THOMAS J.**  
**205 SE 12 AVENUE**  
**CAPE CORAL FL 33990**

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**53 W. MARIANNA AVE**  
**City** **N Ft Myers** **FL** **Zip Code** **33903**

**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 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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GALTER, THOMAS J.</b>
STREET ADDRESS	<b>205 S.E. 12TH AVE.</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>DELIZIA, EDWARD</b>
STREET ADDRESS	<b>2207 SE 13TH TERR</b>
CITY-ST-ZIP	<b>CAPE CORAL, FL 00000</b>
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>53 W. MARIANNA AVE</b>
CITY-ST-ZIP	<b>N. FT MYERS FL 33903</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>CAPE CORAL FL 33990</b>
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:** *Edward Delizia* **REQUIRE PRES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/02 941 656 1220**  
Date Daytime Phone #

CR2E034 (9/01)