

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H28029

1. Entity Name

NORTH AMERICAN COMPANY

Principal Place of Business

312 SE 17TH STREET
SUITE 300
FT. LAUDERDALE FL 33316
US

Mailing Address

312 SE 17TH STREET
SUITE 300
FT. LAUDERDALE FL 33316
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PALMER, CHARLES L.
312 SE 17TH STREET
SUITE 300
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

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.

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, 2001 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 PD
NAME PALMER, CHARLES L.
STREET ADDRESS 312 SW 17TH ST SUITE 300
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE V
NAME WILSON, JOY
STREET ADDRESS 312 SE 17TH STREET SUITE 300
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE S
NAME DRESSLER, SHARON K.
STREET ADDRESS 312 SE 17TH STREET SUITE E300
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME Dressler, Sharon K.
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Joy Wilson

Joy Wilson

2-16-01

Date

954-463-0681

Daytime Phone #

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91353 002 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)