## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 04, 2001 8:00 am Secretary of State **DOCUMENT # L90314** NORTHERN PRO FLEET TECHS. INC. 05-04-2001 90069 024 \*\*\*150.00 Principal Place of Business Mailing Address 1910 US 1 SOUTH 702-MICKLER RIVE 341080 ST. AUGUSTINE FL 32086 ST AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1910 US 1 SOUTH City & State City & State 4. FEI Number Applied For 59-3024629 ST AUGUSTINE FL Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 32086 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSE M. HALL HALL, ROSE M Street Address (P.O. Box Number is Not Acceptable) -702-MICKLER BLVD. ST. AUGUSTINE BEACH FL 82084 1173 WINTERHAWK DR Zip Code 32086 ST AUGUSTINE 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ★ Change ☐ Addition HALL, ROSE M NAME NAME HALL, ROSE M. 702 MICKLER BLVD. STREET ADDRESS STREET ADDRESS 1173 WINTERHAWK DR OT: AUGUSTINE BEACH: FL CITY-ST-7IP CITY-ST-ZIP ST AUGUSTINE FL 32086 TITLE ☐ Delete TITLE **XX**Change ☐ Addition HALL, KEN NAME NAME HALL, KEN 702 MICKLER-BLVD. STREET ADDRESS STREET ADDRESS 1173\_WINTERHAWK DR CITY-ST-ZIP ST. AUGUSTINE REACH-FL CITY-ST-ZIP AUGUSTINE FL 32086 Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: 🗡

**FILED**