

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90006 030 \*\*\*150.00

**DOCUMENT # M96021**

1. Entity Name

**NORTH, PURSEL, NORTH INVESTMENTS, INC.**

Principal Place of Business

10216 PENNY LANE DRIVE  
 ORLANDO FL 32836  
 US

Mailing Address

P.O. BOX 691867  
 ORLANDO FL 32869-1867  
 US

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 **58-1807001**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRADSHAW, TAYLOR**  
**11214 SHER LANE**  
**ORLANDO FL 32836**

Name

**ALISON ROSE**

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

**8028 VISTA LAKE LANE**  
**#1211**

City

**ORLANDO**

FL

Zip Code

**32821**

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

*Alison Rose*

**2/19/00**

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, 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 **D**  Delete  
 NAME **PURSEL, JACH**  
 STREET ADDRESS **12179 S APOPKA VINELAND RD, #136**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  Change  Addition  
 NAME **12179 S. APOPKA - VINELAND**  
 STREET ADDRESS **PMB # 136**  
 CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE **D**  Delete  
 NAME **NORTH, PENY**  
 STREET ADDRESS **12179 S APOPKA VINELAND RD, #136**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  Change  Addition  
 NAME **..**  
 STREET ADDRESS **..**  
 CITY-ST-ZIP **..**

TITLE **D**  Delete  
 NAME **NORTH, MICHAELL**  
 STREET ADDRESS **12179 S APOPKA VINELAND RD, #136**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  Change  Addition  
 NAME **..**  
 STREET ADDRESS **..**  
 CITY-ST-ZIP **..**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*Alison Rose*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-09-00**

Date

**407-876-1876**

Daytime Phone #