

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/00

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
.. ☒ Change ☐ Addition
TV

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

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

Date

Daytime Phone #

2-09-00 407-876-1876

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

02-22-2000 90006 030 ***150.00



DO NOT WRITE IN THIS SPACE