

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000003236

FILED  
Apr 15, 2003  
Secretary of State

Entity Name: NORTH AMERICAN TEMPLATE, INC.

**Current Principal Place of Business:**

3741 S.W. KASIN STREET  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

3741 S.W. KASIN STREET  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 04-3653177

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUPPENS, MARC S  
3741 S.W. KASIN STREET  
PORT SAINT LUCIE, FL 34953

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: LUPPENS, MARC S  
Address: 3741 S.W. KASIN STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: DV ( ) Delete  
Name: HEFFRON, IAN  
Address: 43 CUYAHOCA ROAD  
City-St-Zip: LAKE WORTH, FL 33467

Title: DV ( ) Delete  
Name: FRANCIS, JOANNA  
Address: RR #1  
City-St-Zip: LISLE, ON L0M 1M0

Title: DS (X) Delete  
Name: LUPPENS, ELLEN E  
Address: 3741 S.W. KASIN STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: LUPPENS, MARC S  
Address: 3741 S.W. KASIN STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC S. LUPPENS

DPST

04/15/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date