

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 CUYAHOGA 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