

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90058 035 ***163.75

DOCUMENT # P00000053058

1. Entity Name
NORTH SHORE SYSTEMS GROUP, INC.

Principal Place of Business

62 HASTINGS DRIVE
 NORTHPORT NY 11768-2522

Mailing Address

62 HASTINGS DRIVE
 NORTHPORT NY 11768-2522

00036116



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3391 E. Silver Springs Blvd

3. Mailing Address

860 N.E. 120TH PLACE

Suite, Apt. #, etc.

SUITE H

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-3689433

Applied For

Not Applicable

Zip

Country

34470-6414

USA

Zip

Country

34479-1063

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name **GERALD A. GUTMAN**
 Street Address (P.O. Box Number is Not Acceptable) **860 N.E. 120TH PLACE**
 City **OCALA** FL **34479-1063**

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 *Gerald A. Gutman* **GERALD A. GUTMAN, V.P.** **3-19-01**
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, 2001 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

TITLE	D/P/T	<input type="checkbox"/> Delete
NAME	GUTMAN, PATRICIA	
STREET ADDRESS	62 HASTINGS DRIVE	
CITY-ST-ZIP	NORTHPORT NY 11768-2522	
TITLE	D/VP/S	<input type="checkbox"/> Delete
NAME	GUTMAN, GERALD A	
STREET ADDRESS	62 HASTINGS DRIVE	
CITY-ST-ZIP	NORTHPORT NY 11768-2522	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTMAN, PATRICIA	
STREET ADDRESS	860 N.E. 120TH PLACE	
CITY-ST-ZIP	OCALA, FL 34479-1063	
TITLE	D/VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTMAN, GERALD A.	
STREET ADDRESS	860 N.E. 120TH PLACE	
CITY-ST-ZIP	OCALA, FL 34479-1063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gerald A. Gutman, V.P.* **3-19-01** **352-369-3399**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
GERALD A. GUTMAN

CR2E034 (10/00)