

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am -
Secretary of State

04-28-2003 91368 048 ***150.00

DOCUMENT # *P02000113981*

1. Entity Name

NORTH AMERICAN FORECLOSURE CORP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

13179 Spring Hill Dr

13179 Spring Hill Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Spring Hill

Spring Hill

34609

Country

Hernando

Zip

34609

Country

Hernando

4. FEI Number

13-4218538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

PAUL R. ROSENCRANTZ

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

13179 Spring Hill Dr

City

Spring Hill

FL

Zip Code

34609

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Paul R. Rosencrantz **PAUL R. ROSENCRANTZ** *Paul R. Rosencrantz* *4/28/03*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *PRELIMINARY*
NAME *PAUL R. ROSENCRANTZ*
STREET ADDRESS *13179 Spring Hill Dr*
CITY - ST - ZIP *Spring Hill, FL 34609*

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul R. Rosencrantz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 352-683-3655
Date Daytime Phone #

CR2E034B (12/02)