

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000012042

1. Entity Name

TRUE NORTH SYSTEMS, INC.

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

05-22-2000 90001 007 ***150.00

Principal Place of Business

Mailing Address

5445 70TH WAY N
ST PETERSBURG FL 33709
US

5445 70TH WAY N
ST PETERSBURG FL 33709-1305
US

2. Principal Place of Business

5748 - 54th AVENUE N

3. Mailing Address

5748 - 54th AVENUE N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

65-0470250

Applied For

Not Applicable

Zip

33709

Country

US

Zip

33709

Country

US

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

MCDONALD, EDWARD C

~~5445 70TH WAY N~~
~~ST PETERSBURG FL 33709~~

Name

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

6980 - 54th AVENUE NORTH

City

ST. PETERSBURG

FL

Zip Code

33709

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

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, 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 ☐ Delete
NAME D
STREET ADDRESS MCDONALD, EDWARD C
CITY-ST-ZIP 5445 70TH WAY N.
ST PETERSBURG FL 33709

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS MCDONALD, EDWARD C
CITY-ST-ZIP 6980 - 54th AVENUE N.
ST. PETERSBURG, FL 33709

TITLE ☐ Delete
NAME D
STREET ADDRESS MCDONALD, SHARON
CITY-ST-ZIP 5445 70TH WAY N.
ST. PETERSBURG FL 33709

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS MCDONALD, SHARON
CITY-ST-ZIP 6980 - 54th AVENUE N.
ST. PETERSBURG, FL 33709

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4 - 28 - 00 (727) 544 - 990

CR2E034 (9/99)