

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082171

1. Entity Name

NORTH AMERICAN SUPPORT SYSTEMS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90160 024 ***150.00

Principal Place of Business 690 DISCOVERY DR HUNTSVILLE 35806	Mailing Address 690 DISCOVERY DR HUNTSVILLE FL 35806-2802
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2. Principal Place of Business 690 Discovery Dr	3. Mailing Address 690 Discovery Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Huntsville AL	City & State Huntsville AL
Zip 35806	Country USA
Zip 35806	Country USA

4. FEI Number 59-3236506	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOSTRO, VICTOR S
1825 RIVERVIEW DR
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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

TITLE D	NAME STIMPSON, JON L	STREET ADDRESS 690 DISCOVERY DR	CITY-ST-ZIP HUNTSVILLE AL 35806	<input type="checkbox"/> Delete
TITLE D	NAME STIMPSON, MARGARET L	STREET ADDRESS 690 DISCOVERY DR	CITY-ST-ZIP HUNTSVILLE FL 35806	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Margaret L. Stimpson 4/26/00 256-922-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)