2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035524

NORTH AMERICAN WARRANTY CORP.

Principal Place of Business 700-900 E SUNRISE BLVD FT LAUDERDALE FL 33304

2. Principal Place of Business

SIGNATURE:

Mailing Address

3. Mailing Address

700-900 E SUNRISE BLVD FT LAUDERDALE FL 33304

Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0579229 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KING, W. CLAY Street Address (P.O. Box Number is Not Acceptable) 700-900 E SUNRISE BLVD FT LAUDERDALE FL 33304 Zip Code City FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TITLE NAME KING, W. CLAY STREET ADDRESS STREET ADDRESS 700-900 E SUNRISE BLVD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME APPLEBY, LINDA K STREET ADDRESS STREET ADDRESS 700-900 E SUNRISE BLVD CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL Addition ☐ Change TITLE VD ☐ Delete TITLE APPLEBY, A. EDWARD NAME STREET ADDRESS STREET ADDRESS 700-900 E SUNRISE BLVD CITY-ST-ZIP CITY-ST-ZIP <u>FT LAUDERDALE FL</u> Addition TITLE Delete TITLE ☐ Change VTS NAME FRANCIS, KIRK J STREET ADDRESS STREET ADDRESS 700-900 E SUNRISE BLVD CITY-ST-ZIP CITY-ST-ZIE FORT LAUDERDALE FL 33304 TITLE Delete TIT! F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ORECTOR

Corporate Accounting

FILED

May 09, 2000 8:00 am Secretary of State

05-09-2000 90092 001 ***158.75

DO NOT WRITE IN THIS SPACE