


FILED
Mar 29, 2005 8:00 am
Secretary of State

66007827



01052005 Chg-P CR2E034 (10/03)

DOCUMENT # P95000086277						Secretary of State																									
1. Entity Name 800 NORTH, INC.						03-29-2005 90117 001 *4,445.00 03-29-2005 90117 003 *2,698.75																									
Principal Place of Business 2295 CORPORATE BLVD., N.W. SUITE 222 BOCA RATON, FL 33431				Mailing Address 2295 CORPORATE BLVD., N.W. SUITE 222 BOCA RATON, FL 33431																											
2. Principal Place of Business				3. Mailing Address																											
Suite, Apt. #, etc.				Suite, Apt. #, etc.																											
City & State				City & State																											
Zip		Country		Zip		Country																									
6. Name and Address of Current Registered Agent C/O THE HERRICK COMPANY 2295 CORPORATE BLVD., N.W. SUITE 222 BOCA RATON, FL 33431				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. I am familiar with, and accept the obligations of registered agent.				4. FEI Number 65-0641408																											
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																											
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>				DATE _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																											
<table border="1"><tr><td>TITLE</td><td>PSTD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>HERRICK, NORTON</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2295 CORPORATE BLVD N.W. STE. 222</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>BOCA RATON, FL 33431</td><td></td></tr></table>				TITLE	PSTD	<input type="checkbox"/> Delete	NAME	HERRICK, NORTON		STREET ADDRESS	2295 CORPORATE BLVD N.W. STE. 222		CITY-ST-ZIP	BOCA RATON, FL 33431		<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PSTD	<input type="checkbox"/> Delete																													
NAME	HERRICK, NORTON																														
STREET ADDRESS	2295 CORPORATE BLVD N.W. STE. 222																														
CITY-ST-ZIP	BOCA RATON, FL 33431																														
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1"><tr><td>TITLE</td><td>VPAS</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>HOWARD HERRICK</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2 RIDGEDALE AVE STE 370</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>CEDAR KNOLLS, NJ 07927</td><td></td></tr></table>				TITLE	VPAS	<input type="checkbox"/> Delete	NAME	HOWARD HERRICK		STREET ADDRESS	2 RIDGEDALE AVE STE 370		CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927		<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VPAS	<input type="checkbox"/> Delete																													
NAME	HOWARD HERRICK																														
STREET ADDRESS	2 RIDGEDALE AVE STE 370																														
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927																														
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1"><tr><td>TITLE</td><td>VPAS</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>MICHAEL HERRICK</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2 RIDGEDALE AVE STE 370</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>CEDAR KNOLLS, NJ 07927</td><td></td></tr></table>				TITLE	VPAS	<input type="checkbox"/> Delete	NAME	MICHAEL HERRICK		STREET ADDRESS	2 RIDGEDALE AVE STE 370		CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927		<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VPAS	<input type="checkbox"/> Delete																													
NAME	MICHAEL HERRICK																														
STREET ADDRESS	2 RIDGEDALE AVE STE 370																														
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927																														
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1"><tr><td>TITLE</td><td>C</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>KERMALLI, NISAR</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2 RIDGEDALE AVE STE 370</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>CEDAR KNOLLS, NJ 07927</td><td></td></tr></table>				TITLE	C	<input type="checkbox"/> Delete	NAME	KERMALLI, NISAR		STREET ADDRESS	2 RIDGEDALE AVE STE 370		CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927		<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete																													
NAME	KERMALLI, NISAR																														
STREET ADDRESS	2 RIDGEDALE AVE STE 370																														
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927																														
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"><tr><td>TITLE</td><td>VP</td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>Evan Herrick</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2 Ridgedale Ave., Ste. 370</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Cedar Knolls, NJ 07927</td><td></td></tr></table>				TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Evan Herrick		STREET ADDRESS	2 Ridgedale Ave., Ste. 370		CITY-ST-ZIP	Cedar Knolls, NJ 07927	
TITLE		<input type="checkbox"/> Delete																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																													
NAME	Evan Herrick																														
STREET ADDRESS	2 Ridgedale Ave., Ste. 370																														
CITY-ST-ZIP	Cedar Knolls, NJ 07927																														
<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																															
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																															
Date _____ Daytime Phone # _____																															