

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90203 039 \*\*\*158.75

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**DOCUMENT # P96000005882**

1. Entity Name

**NORTH AMERICAN ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

11433 HWY 441, SUITE #4  
 TAVARES FL 32778

11433 HWY 441, SUITE #4  
 TAVARES FL 32778

834162



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11433 Hwy 441-Suite #4

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAVARES, FL

11433 Hwy 441-Suite #4

City & State

City & State

TAVARES, FL

4. FEI Number

59-3361050

Applied For

Not Applicable

Zip

32778

Country

LAKE

Zip

32778

Country

LAKE

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

ELLIOTT, MARK  
 525 BAHAMA DRIVE  
 INDIATLANTIC FL 32903

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

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, 2002 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 PD  
 NAME WILLIAMS, RONALD  
 STREET ADDRESS 11433 HWY 491  
 CITY-ST-ZIP TAVARES FL 32728 ☐ Delete

TITLE PD  
 NAME WILLIAMS, RONALD  
 STREET ADDRESS 11433 Hwy 441  
 CITY-ST-ZIP TAVARES, FL 32778 ☒ Change ☐ Addition

TITLE D  
 NAME ELLIOTT, MARK  
 STREET ADDRESS 525 BAHAMA DRIVE  
 CITY-ST-ZIP INDIATLANTIC FL 32903 ☐ Delete

TITLE D  
 NAME ELLIOTT, MARK  
 STREET ADDRESS 525 BAHAMA DRIVE  
 CITY-ST-ZIP INDIATLANTIC FL 32903 ☐ Change ☐ Addition

TITLE D  
 NAME DAME, LOUISE  
 STREET ADDRESS 26233 NEW ROMBE CIR.  
 CITY-ST-ZIP LEESBURG FL 34748 ☐ Delete

TITLE D  
 NAME DAME, LOUISE  
 STREET ADDRESS 26233 New Rombe Cir  
 CITY-ST-ZIP Leesburg, FL 34748 ☒ Change ☐ Addition

TITLE D  
 NAME MARTIN, MARY L  
 STREET ADDRESS 905 CAMINO DEL RAY  
 CITY-ST-ZIP LADY LAKE FL 32159 ☐ Delete

TITLE D  
 NAME MARTIN, MARY L  
 STREET ADDRESS 905 CAMINO DEL RAY  
 CITY-ST-ZIP LADY LAKE FL 32159 ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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: Ronald Williams - Ronald Williams 3/18/02 352-343-0064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)