

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090550

1. Entity Name

NA WARRANTY SERVICES OF FLORIDA, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90015 022 ***550.00

Principal Place of Business

2901 BUTTERFIELD RD.
OAK BROOK IL 60521
US

Mailing Address

2901 BUTTERFIELD RD.
OAK BROOK IL 60521
US

2. Principal Place of Business

1005 W Busch Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33612

Country

Zip

Country

4. FEI Number

59-3434163

Applied For

Not Applicable

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

MANG, DOUGLAS A ESQ.
660 EAST JEFFERSON STREET
TALLAHASSEE FL 32301

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 FREEDLUND, ROGERS P JR.
STREET ADDRESS 30 STIRRUP CUP COURT
CITY-ST-ZIP ST. CHARLES IL 60174 ☒ Delete

TITLE STD
NAME METTE, WILLIAM R JR.
STREET ADDRESS 3751 N. MISSION HILLS
CITY-ST-ZIP NORTHBROOK IL 60062 ☒ Delete

TITLE PD
NAME CUCULICH, STEVEN A
STREET ADDRESS 16304 MORADAS
CITY-ST-ZIP TAMPA FL 33613 ☐ Delete

TITLE V
NAME COHEN, MARK P
STREET ADDRESS 1154 LINCOLN AVE. SO.
CITY-ST-ZIP HIGHLAND PARK IL 60035 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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

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

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/00
Date

813 931-2258
Daytime Phone #

CR2E034 (5/00)