

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90025 032 ***150.00

DOCUMENT # P97000030768

1. Entity Name

NORTH COUNTRY CAPITAL CORP.

Principal Place of Business

**980 N FEDERAL HIGHWAY
 310A
 BOCA RATON FL 33432
 US**

Mailing Address

**980 N FEDERAL HIGHWAY
 310A
 BOCA RATON FL 33432
 US**

2. Principal Place of Business

190 NE 5th Ave

Suite, Apt. #, etc.

3. Mailing Address

190 NE 5th Ave

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

City & State

Boca Raton, FL

Zip

33432

Country

4. FEI Number

65-0755007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SIEGLER, ROBERT
 282 FERN PALM RD
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

Robert Siegler

Street Address (P.O. Box Number is Not Acceptable)

190 NE 5th Ave

City

Boca Raton

FL

Zip Code

33432

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, 2001 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 **P** ☐ Delete
 NAME **SIEGLER, ROBERT**
 STREET ADDRESS **980 N FEDERAL HIGHWAY, STE 310A**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Robert H. Siegler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01

Date

(561)

417-5850

Daytime Phone #

CR2E034 (10/00)