2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000030768**

1. Entity Name

NORTH COUNTRY CAPITAL CORP.



FILED Feb 19, 2003 8:00 am Secretary of State

02-19-2003 90012 043 ***150.00

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Principal Place of Business 190 NE 5TH AVE BOCA RATON FL 33432 US			Mailing Address 190 NE 5TH AVE BOCA RATON FL 33432 US							130° 1401° 1401	
2. Principal	Place of Busine	ess	3. Mailing Address			-		(1) (1) (1)			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	J CHECK HEBE IE :	MARING CUA	NOES		
City & State			City & State			4. FEI Number 65-0755007 Applied For					
Zip Country		Zip Country		/	5. Certificate of			Not S Addit	Applicable		
6. Name and Address of Current			Projectored Amount					Fee R	equired		
	-	Address of Culter	it negistered Agent	C 1.29 C 1 C	Name	7. Name and A	ddress of New Regi	stered Agent			
SIEGLER,	, robert			- Ivalie							
400 NE ETH NE				Street Address			(P.O. Box Number is Not Acceptable)				
	ATON FL 3343			-			<u></u>				
500/172	1101112 0040	<i>.</i>									
				Cit				FL Zi	p Code		
8. The above	e named entity s	submits this statement t	for the purpose of changing it	ts registered	office or register	ed agent, or both.	in the State of Florida	Lam familiar	with a	nd accept	
tne obliga	tions of register	ed agent.			Ū	3 ,,		a ramamina	willi, al	id accept	
SIGNATURE											
	Signature, typed or	printed name of registered agen	t and title if applicable. (NO	TE: Registered Ag	gent signature required	when reinstating)	· <u>.</u>	DATE			
F	ILE NOW!!!	FEE IS \$150.00									
Afte	r May 1, 2003	Fee will be \$550.00				9. Electi	on Campaign Financ	ing :	\$5.00	May Re	
Make Check	k Payable to F	lorida Department d	of State				Fund Contribution.	· — ,	Added to	Fees	
10.		OFFICERS AND	DIRECTORS	11.	***	ADDITIONS (CL	ANCES TO OFFICE	30 AND DIDE			
TITLE	Р		☐ Delete	TITLE		ADDITIONS/CF	ANGES TO OFFICER				
NAME	SIEGLER, R	DBERT	בבו טטוטונט	NAME				☐ Ch	ange (Addition	
STREET ADDRESS 190 NE 5TH		AVE		STREET A	DDRESS						
CITY-ST-ZIP	BOCA RATO	N FL 33432		CITY-ST-	-ZIP						
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TREET ADDRESS				NAME STREET AD	DDECC						
TY-ST-ZIP				STREET ADI				i			
2. I hereby ce	ertify that the inf	ormation supplied with	this filing does not qualify for		<u>"</u>		.	<u> </u>			

2. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF JOSHING OFFICER OR DIRECTOR

2/14/03 561-417-5856
Daytime Phone #

CR2E034 (10/02)