

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032107

1. Entity Name

NORTH AMERICAN SALVAGE SYSTEMS, INC.

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90634 001 *4,050.00

40889



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1489 W. PALMETTO PARK ROAD
SUITE 492
BOCA RATON FL 33486

Mailing Address

1489 W. PALMETTO PARK ROAD
SUITE 492
BOCA RATON FL 33486

2. Principal Place of Business

125 N 46 AVE

Suite, Apt. #, etc.

3. Mailing Address

125 N 46 AVE

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33021

Country

USA

Zip

33021

Country

USA

4. FEI Number

59-3439811

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

GOTTLIEB, BRUCE M
125 NORTH 46 AVENUE
HOLLYWOOD FL 33021

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LUCEY, GERRAD
STREET ADDRESS 1489 W. PALMETTO PARK RD., #492
CITY-ST-ZIP BOCA RATON FL 33486 ☒ Delete

TITLE P
NAME John McNaught
STREET ADDRESS 125 N 46 AVE
CITY-ST-ZIP Hollywood, FL 33021 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John McNaught, Pres.

Date

Daytime Phone #

4/23/01 561-750-4477

CR2E034 (10/00)