

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90120 036 \*\*\*150.00

**DOCUMENT # P97000051708****1. Entity Name**  
**NORTH ATLANTIC BUSINESS CORPORATION****Principal Place of Business****2666 BOB WHITE CIRCLE**  
**NAVARRE FL 32566****Mailing Address****2666 BOB WHITE CIRCLE**  
**NAVARRE FL 32566****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **74-2722915**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****LAURISCH, WOLFGANG**  
**2666 BOB WHITE CIRCLE**  
**NAVARRE FL 32566****7. Name and Address of New Registered Agent**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>C</b>			
	<b>LAURISCH, WOLFGANG</b>			
	<b>2666 BOB WHITE CIRCLE</b>			
	<b>NAVARRE FL 32566</b>			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)