

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038584

1. Entity Name

NORTH AMERICAN CATASTROPHE SERVICES, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90087 023 ***150.00

Principal Place of Business

1790 HWY A1A
STE 205
SATELLITE BEACH FL 32937

Mailing Address

1790 HWY A1A
STE 205
SATELLITE BEACH FL 32937-5440

2. Principal Place of Business

863 Washburn Rd.

Suite, Apt. #, etc.

3. Mailing Address

863 Washburn Rd.

Suite, Apt. #, etc.

City & State

Melbourne, FL 32934

Zip

32934

Country

USA

City & State

Melbourne, FL 32934

Zip

32934

Country

USA

4. FEI Number

59-3507855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

DAVID J. VOLK, ESQ.

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

1600 W. EAU GALIE BLVD.

SUITE 103

City

MELBOURNE

FL

Zip Code

32935

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

David J. Volk, Esq. DAVID J. VOLK, ESQ.

1/20/00
DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	FERRALL, CHARLES M	
STREET ADDRESS	1790 HWY A1A, STE 205	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FERRALL, SHARON E	
STREET ADDRESS	1790 HWY A1A, STE 205	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GARRISON, GREGORY A	
STREET ADDRESS	1790 HWY A1A, STE 205	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GARRISON, PATRICIA C	
STREET ADDRESS	1790 HWY A1A, STE 205	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2201 Woodlawn Circle	
CITY-ST-ZIP	Melbourne, FL 32934	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2201 Woodlawn Circle	
CITY-ST-ZIP	Melbourne, FL 32934	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Holloway	
STREET ADDRESS	4290 Lakeridge Drive	
CITY-ST-ZIP	Melbourne, FL 32934	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johna Holloway	
STREET ADDRESS	4290 Lakeridge Drive	
CITY-ST-ZIP	Melbourne, FL 32934	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

David Holloway DAVID HOLLOWAY VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-19-00

Daytime Phone #

321-259-0880

CR2E034 (9/99)