

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
May 23, 2001 8:00 am
Secretary of State

05-03-2001 90983 049 ***150.00

DOCUMENT # P98000096540

1. Entity Name

NORTHSIDE AUTO BROKERS, INC.

Principal Place of Business

**344 PONDELLA ROAD
 NORTH FORT MYERS FL 33903**

Mailing Address

**344 PONDELLA ROAD
 NORTH FORT MYERS FL 33903**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0878720**

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

**GRABOWSKI, MARK E
 344 PONDELLA ROAD
 NORTH FORT MYERS FL 33903**

Name

Margaret E. Curry

Street Address (P.O. Box Number is not acceptable)

1925 S.E. 9th Terrace

City

Cape Coral

FL

Zip Code

33990

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

Margaret E. Curry - Margaret E. Curry Dir

5-17-01

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

(NOTE: Registered Agent signature required when reissuing)

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**

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12.

TITLE	D	<input type="checkbox"/> Delete
NAME	GRABOWSKI, MARK E	
STREET ADDRESS	1925 SE 9TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURRY, MARGARET E	
STREET ADDRESS	1925 SE 9TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

EVISTA®
 raloxifene HCl
5-17-01
 Signed per
 letter 2
 5-10-01
 intention

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:

Margaret E. Curry - Margaret E. Curry Dir 5-27-01 941-7720976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)