

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90219 022 ***150.00

DOCUMENT # **P99000037950**

1. Entity Name

Northgate Financial, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

4918 Rockledge Circle

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1786

Suite, Apt. #, etc.

City & State
Tampa Florida

City & State
Tampa FL

4. FEI Number **59-3572740**

Applied For

Not Applicable

Zip **33624**

Country **UNITED STATES**

Zip **33682-7861**

Country **UNITED STATES**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Spiegel + Utrera P.A.
343 Almeria Avenue
Coral Gables, Florida 33134

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, 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

PSTD
KNIGHT, ALEX C
4918 Rockledge Circle
Tampa, FL 33624

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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

Alex Knight

6/3/00

Date

(813) 966-4573

Daytime Phone #

CR2E034 (9/99)