

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105815

1. Entity Name

NORTH AMERICAN MARKETING CORPORATION

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90080 001 \*\*\*150.00

Principal Place of Business

357 MOORINGS COVE DRIVE  
TARPON SPRINGS FL 34689

Mailing Address

357 MOORINGS COVE DRIVE  
TARPON SPRINGS FL 34689

A0035000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 1745  
PALM HARBOR, FLA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

34682

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country USA

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

REITZ, DAVID W  
357 MOORINGS COVE DRIVE  
TARPON SPRINGS FL 34689

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME REITZ, DAVID W  
STREET ADDRESS 357 MOORINGS COVE DRIVE  
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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 W. Reitz*

DAVID W. REITZ - PRES. 3/30/2000 727-939-1212

Date

Daytime Phone #