

DOCUMENT # V60711

Entity Name
MC NORTH AMERICA, INC.

FILED

03 OCT -9 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2060 34TH WAY N
LARGO FL 33771
US

Mailing Address

3665 E BAY DR
SUITE 204-263
LARGO FL 34641
US

Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

2060 34th Way North

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Largo, FL

Zip

33771

Country

USA

4. FEI Number

59-3139804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARPER, THOMAS L
2060 34TH WAY N
LARGO FL 33771

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2. 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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
PSTD	HARPER, THOMAS L	2060 34TH WAY N	LARGO FL 33771				
VP	HARPER, JULIE	2060 34TH WAY N	LARGO FL 33771				

3. 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

Julie Harper

VP 9/15/03

STRAWN, MARSHALL, CUNNINGHAM,
CONDON & SWEAT, P.A.

Certified Public Accountants

Max M. Strawn, CPA 1927 - 1994

John Charles Marshall, CPA
Monica L. Cunningham, CPA
Kathleen M. Condon, CPA
Gary R. Sweat, CPA

October 3, 2003

Division of Corporations
Reinstatement
409 East Gaines Street
Tallahassee, FL 32399

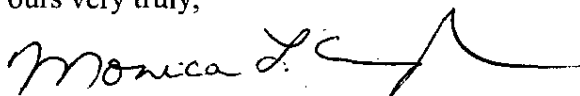
RE: PMC North America, Inc.
59-3139804

Dear Sir or Madam:

It has been brought to our attention that our client, PMC North America, Inc., did not receive their Uniform Business Report for this year. We have prepared one for them and have corrected the mailing address. Please abate any penalties that may apply and accept this check in the amount of \$150.00 for the filing fee.

If you have any questions, please call me at (727) 823-6500.

Yours very truly,



Monica L. Cunningham, C.P.A.

MLC/kil

Enclosure

cc: PMC North America, Inc.