

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90144 011 ***150.00

DOCUMENT # - 856845

1. Entity Name
NORPET (INVERNESS) INC.



Principal Place of Business
2800 MARQUIS ONE TOWER
245 PEACHTREE CENTER AVE. N.E.
ATLANTA GA 30303

Mailing Address
2800 MARQUIS ONE TOWER
245 PEACHTREE CENTER AVE. N.E.
ATLANTA GA 30303

2. Principal Place of Business
818 A-1-A North

3. Mailing Address

Suite, Apt. #, etc.
Suite 203

Suite, Apt. #, etc.

City & State
Ponte Vedra Beach, FL 32082

City & State

Zip Country

Zip Country

4. FEI Number **58-1392457**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROULEAU, ROBERT
808 THIRD STREET
SUITE C
NEPTUNE BEACH FL 32266

7. Name and Address of New Registered Agent

Name
Robert Rouleau
Street Address (P.O. Box Number is Not Acceptable)
818 A-1-A North, Suite 203
City **Ponte Vedra Beach, FL** Zip Code **32082**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

3-24-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ZAVALKOFF, NORMAN**
STREET ADDRESS **5500 ROYALMOUNT #200**
CITY-ST-ZIP **MONTREAL, QUEBEC, CAN.**

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

TITLE **ST** ☐ Delete
NAME **SHAPIRO, PETER**
STREET ADDRESS **5500 ROYALMOUNT #200**
CITY-ST-ZIP **MONTREAL, QUEBEC, CAN.**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)