

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90451 014 ***150.00

DOCUMENT # F01000005597

1. Entity Name

NORFIRE DESIGN, INC.

DO NOT WRITE IN THIS SPACE

659037

2. Principal Place of Business

1011 2nd St. North

3. Mailing Address

Suite, Apt. #, etc.

City & State

Suite 100
St. Cloud MN

Zip

Country
USA

Zip

Country

4. FEI Number

41-1936228

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

A1A CORPORATE SERVICES INC.

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

218 SOUTHERN COUNTRY LANE

City QUINCY

FL

Zip Code
32351

**DO NOT WRITE
IN THIS SPACE**

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 Paul Smith, Paul Smith, Vice President

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

(NOTE: Registered Agent signature required when reinstating)

4-30-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

President
Meijer Eduard
1011 2nd St N. Suite 100
St. Cloud MN 56303

TITLE
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eduard Meijer 4/19/02 (370) 656-1345

Back

Daytime Phone: #